

New Hartford Hospital, Hartford, Conn.

Local Aspects of Radiology Contracts

How to Save Surgical Gauze

VOLUME 70  
NUMBER 5

1948

HOSPITAL LIBRARY



The

# Modern Hospital

ff must  
trustees  
d.

organizations  
hospitals  
that the  
ies be-

pletely  
portant  
of hos-  
y regu-  
of all  
. No-  
concern-  
reports  
ard to  
ulations  
nulgat-  
ndards

attention  
food  
wing is  
small in-  
ded to  
eals in  
any pa-  
dates."

point-  
prepare  
uge of  
e these  
them.

ANIZA-  
ident's  
, Fed-  
and F  
, D.C.

is forth  
; com-  
re pre-

ut their  
in ade-  
problems,  
ll find  
for an  
reduce  
whole  
al.  
practical  
e com-  
es cer-  
e com-  
avenue

SITAL



# Will you lose your Shirt in '48

**... Because Feeding Operations Cost Too Much?**



With food materials and preparation costs skyrocketing, most hospitals are showing a deficit. Where can you trim costs without sacrifice of quality on the menu?

Here's where Gumpert, leading supplier of hospital food specialties, can show you tested ways of keeping up quality standards while effecting important economies.

Food materials and preparation time take a big bite out of your budget. But Gumpert goodness can keep home-style quality and flavor on the patients' trays at a saving. Because hundreds of Gumpert food specialties and short-cut pre-

parations are standardized for absolute uniformity, ease of preparation and saving of kitchen time, you can secure worthwhile economies.

Every dollar you invest in Gumpert goodness gives you more servings with less work . . . eliminates waste and left-overs . . . insures purity and tempting flavor that perk up appetites.

Welcome the Gumpert Man when he calls. His products and suggestions can mean the difference between "losing your shirt" on kitchen operations and making the budget stretch much farther.

**S. GUMPERT CO., INC. • OZONE PARK 16, N. Y.**

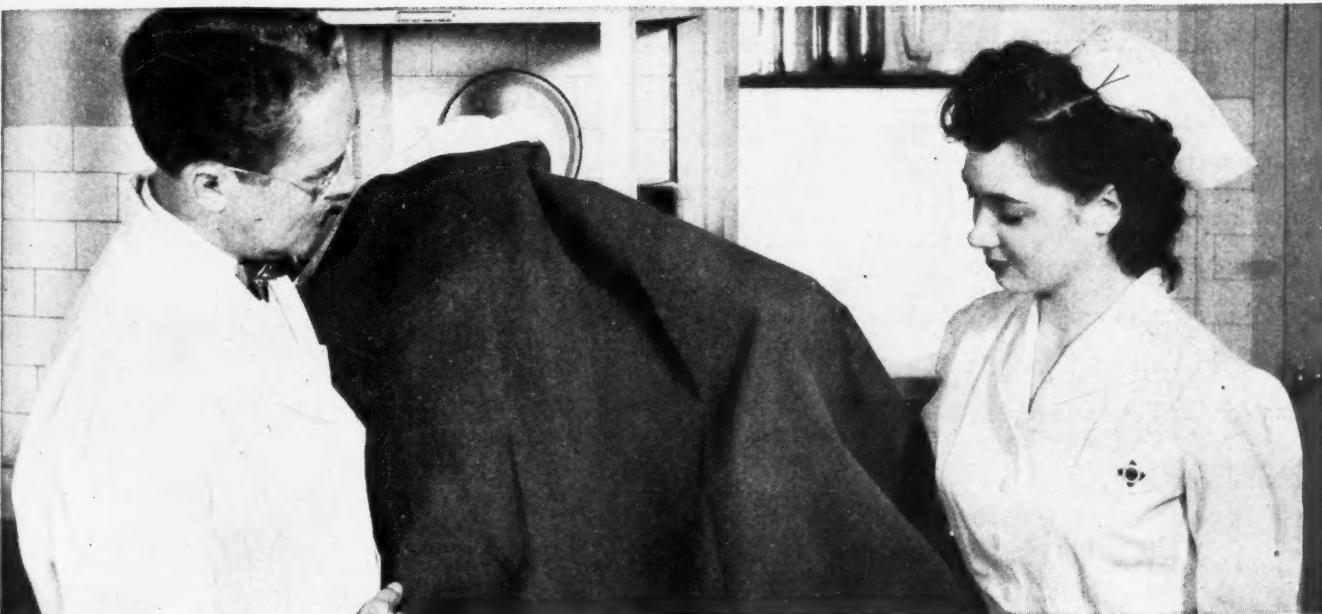
300 Products to Aid Restaurants and Institutions

Gelatine Desserts  
Cream Desserts  
Fruit Drinks—(Liquid and Dehydrated)  
Extracts and Colors  
Spaghetti Sauce

Soups—(Liquid and Dehydrated)  
Cake Mixes  
Numerous Other Cooking Aids  
Complete Line of Bakery and Ice Cream Specialties

**FOR THE FINEST IN FOOD**

**GUMPERT**  
**has EVERYTHING**



'48

uch?

te uniform  
of kitchens  
economies  
rt goodness  
work . .  
nsures pur  
appetites  
en he calls  
ean the dif  
on kitchen  
retch much

N FOOD  
ERT  
HIN

## Which one is Koroseal?

*A typical example of B. F. Goodrich product development*

AT THE top you see ordinary hospital sheeting; at the bottom, Koroseal sheeting. Both were chosen at random from the stock of a large hospital.

The sheeting at the top has been attacked by oil or alcohol, leaving a hole which had to be mended. This could happen even after the first use.

But oil and alcohol do NOT affect Koroseal sheeting—even after years of service! Koroseal is the sheeting that's likely to outwear the bed you

put it on—with no maintenance whatever!

Koroseal sheeting can be autoclaved because it withstands repeated steam sterilizations at 250 degrees Fahrenheit without cracking or sticking or becoming tacky. It can be stored indefinitely at normal room temperature.

It is not affected by mineral acids or alkalies, resists gasoline, methyl and ethyl alcohol and ether, can be washed with common soap.

It is cooler, does not discolor bed sheets and provides greater patient

comfort because of its ability to conform to body contours. Koroseal sheeting, without fabric, is now available in 36, 45 and 54 inch widths. Fabric supported Koroseal sheeting is available in all widths. Koroseal film and voile also available. Sold through hospital supply houses and surgical dealers. *The B. F. Goodrich Company, Sundries Division, Akron, Ohio.*

Koroseal—Trade Mark, Reg. U. S. Pat. Off.

**B.F. Goodrich**  
FIRST IN RUBBER

# THE MODERN HOSPITAL



OTHO F. BALL, M.D., President  
 RAYMOND P. SLOAN, Editor  
 ROBERT M. CUNNINGHAM JR., Managing Editor  
 E. W. JONES, Technical Adviser  
 MILDRED WHITCOMB, Associate Managing Editor  
 JANE BARTON, Assistant Editor  
 ALDEN B. MILLS, Western Editor

## In this issue:

Cover . . . . . New Hartford Hospital, Hartford, Conn.

### Portfolio on Hartford Hospital

The Story to Date

BARCLAY ROBINSON

51

The Building Program

J. RAYMOND GLAZIER, M.D. and HENRY R. SHEPLEY

53

Staff Organization and Development

HARTWELL G. THOMPSON, M.D. and LOUIS F. MIDDLEBROOK JR., M.D.

60

Education for the Staff

JOHN C. LEONARD, M.D. and G. GARDINER RUSSELL, M.D.

62

The Medical Building

THATCHER W. WORTHEN, M.D.

65

Mechanical Features

BURTON B. LOVELL JR.

67

Orienting Employes to the Use of Mechanical Aids

ASA R. CRAWFORD and JOHN H. STEWART

69

Intravenous Therapy and Blood Transfusion

RALPH M. TOVELL, M.D. and CHARLES M. BARBOUR

71

School of Nursing and Nursing Service

ETHEL A. BROOKS, R.N.

73

Personnel Relations

DELPHINE L. TENBROEK

74

Plans for the Future

WILMAR M. ALLEN, M.D.

76

### Administration

Legal Aspects of Specialists' Contracts

EMANUEL HAYT

77

Salvage Operation

WILLIAM P. SLOVER

80

Tri-State Assembly Draws Record Crowd

Following Page

80

How to Save Surgical Gauze

JOHN BROWN

81

Purchasing and Inventory Control

ROBERT WHITEFOOT JR.

83

Centralizing Formula Preparation

ALEXANDER BERESNIAKOFF

85

Playtime Is Important

ROSE M. CULLEN

86

Nurses Are Not Over-Educated

EVA H. ERICKSON, R.N.

88

Human Relations—the Primary Issue

CONSTANCE LONG

91

The Nurse Anesthetist Does the Job

SMALL HOSPITAL FORUM

93

### Trustee Forum

It Takes Training to Be a Good Trustee

JOSEPH TURNER, M.D.

96

### Medicine and Pharmacy

General Practitioners Have a Place . . . . . 98  
 LLEWELYN SALE, M.D.

The Chemotherapy of Cancer . . . . . 102  
 NOTES AND ABSTRACTS

### Food and Food Service

How to Estimate the Hospital's Grocery Bill . . . . . 112  
 MIRIAM KAUFMAN and GUY H. TRIMBLE

Food for Thought . . . . . 116  
 Menus for June 1948 . . . . . 120  
 VIRGINIA MORROW BLUESTEIN

### Plant Operation

The Functional Basis of Hospital Planning: Fire Safety in Hospitals . . . . . 124  
 DIVISION OF HOSPITAL FACILITIES  
 UNITED STATES PUBLIC HEALTH SERVICE

How to Sell to Housekeepers . . . . . 129  
 Facing Page 129  
 HOUSEKEEPING PROCEDURES

### Regular Features

We Introduce	4
Roving Reporter	6
Reader Opinion	10
Index of Advertisers	12
Small Hospital Questions	46
Looking Forward	49
Volunteer Activities	82
People in Pictures	90
About People	94
News Digest	130
Coming Meetings	154
Book Reviews	200
Occupancy Chart	202
Want Advertisements	233
What's New for Hospitals	255

Published monthly and copyrighted, 1948. The Modern Hospital Publishing Company, Inc., 919 North Michigan Avenue, Chicago 11, Ill., U. S. A. (Cable Address: Modital, Chicago.) Otto F. Ball, president; Raymond P. Sloan, vice president; Everett W. Jones, vice president; Stanley R. Clague, secretary; James G. Jarrett, treasurer. North and South America, \$3 a year; foreign, \$4. Single copies: current, 35c; back, 50c to \$1. Entered as second-class matter, Oct. 1, 1918, at the post office at Chicago, Ill., under act of March 3, 1879. Printed in U. S. A.



## FIVE DAYS . . . AND HEADED FOR HOME

*In these days of crowded hospitals, when mothers are often sent home on the fifth day following delivery, it is more important than ever to safeguard against late postpartum complications.*

*'Ergotrate' (Ergonovine Maleate, U.S.P., Lilly) promotes contraction of the postpartum uterus and tight compression of blood vessels at the placental site. Good judgment by the physician suggests that Tablets 'Ergotrate' be prescribed for administration not only three times daily during the five-day hospital stay but for several days at home as well. Tablets 'Ergotrate' are an added safeguard to help smooth the path of convalescence. Available at hospital and retail pharmacies everywhere.*

**ERGOTRATE**

*Lilly*

ELI LILLY AND COMPANY  
INDIANAPOLIS 6, INDIANA, U.S.A.

## EDITORIAL BOARD

### AMONG THE AUTHORS



**Eva H. Erickson, R.N.**, is administrator of Olean General Hospital, a 100-bed institution at Olean, in upstate New York. A graduate of the program in hospital administration at Northwestern University, Chicago, Miss Erickson received the master's degree there in 1947. She was winner of the Malcolm T. MacEachern Medal and award as the outstanding member of the Northwestern graduating class. The award is made annually for "high standing and unusual promise of achievement in the profession of hospital administration."



**Robert Whitefoot Jr.** is purchasing agent at St. Mary's Hospital, Detroit, where he has recently established a newly organized purchasing and inventory control procedure. After attending Oshkosh State Teachers' College at Oshkosh, Wis., Mr. Whitefoot in 1937 became assistant purchasing agent at the Institute of Paper Chemistry, Appleton, Wis. His duties there also included coordination of inventories. In 1942, he went to Purdue University as assistant to the university purchasing agent, a job he held for five years. He entered the hospital field at St. Mary's in Detroit a year ago.



**Constance Long** is director of nurses for the Division of Commissioned Officers, U.S. Public Health Service, Washington, D.C. She is a graduate of the Nassau School of Nursing, Mineola, N.Y., and has a B.S. degree from New York University. She started her active nursing career in the department of hospitals, New York City, serving as head nurse, ward instructor and clinical supervisor and becoming director of clinical instruction and supervision at Bellevue Hospital in 1939. From 1942 to 1944, she was an instructor in the school of education, New York University. Joining the U.S. Public Health Service staff in 1945, she was nurse education consultant for the Kansas City district before taking up her present duties two years ago.



**Rose M. Cullen** is administrator of the Children's Heart Hospital in Philadelphia. She is a graduate of the school of accounting at Temple University and holds the master's degree in public health from the University of Pennsylvania. Before she became administrator of the Children's Heart Hospital, Miss Cullen was a member of the staff of the Philadelphia Heart Association. This year she is attending Columbia University, New York, as a special student in hospital administration.

#### Chairman

A. C. BACHMEYER, M.D. *Chicago*

#### Administration

R. C. BUEKKI, M.D. *Philadelphia*  
MALCOLM T. MACEACHERN, M.D. *Chicago*

#### Finance and Accounting

DONALD C. SMELZER, M.D. *Germantown, Pa.*  
C. RUFUS ROREM *Philadelphia*

#### Governmental Hospitals

LUCIUS W. JOHNSON, M.D. *San Diego, Calif.*  
G. OTIS WHITECOTTON, M.D. *Oakland, Calif.*

#### Hospital Service Plans

E. A. VAN STEENWYK *Philadelphia*

#### Mental Hospitals

COL. FRANKLIN G. EBAUGH *A.U.S.*  
ROBERT H. FELIX, M.D. *Washington, D. C.*

#### Nursing

GERTRUDE R. FOLENDORF, R.N. *San Francisco*  
SR. LORETTA BERNARD *New York City*

#### Out-Patient Service

E. M. BLUESTONE, M.D. *New York City*  
A. K. HAYWOOD, M.D. *Vancouver, B. C.*

#### Personnel Management

NELLIE GORGAS *Minneapolis*

#### Planning and Construction

FRED G. CARTER, M.D. *Cleveland*  
CLAUDE W. MUNGER, M.D. *New York City*

#### Professional Relations

G. HARVEY AGNEW, M.D. *Toronto*  
JOSEPH C. DOANE, M.D. *Philadelphia*

#### Public Relations

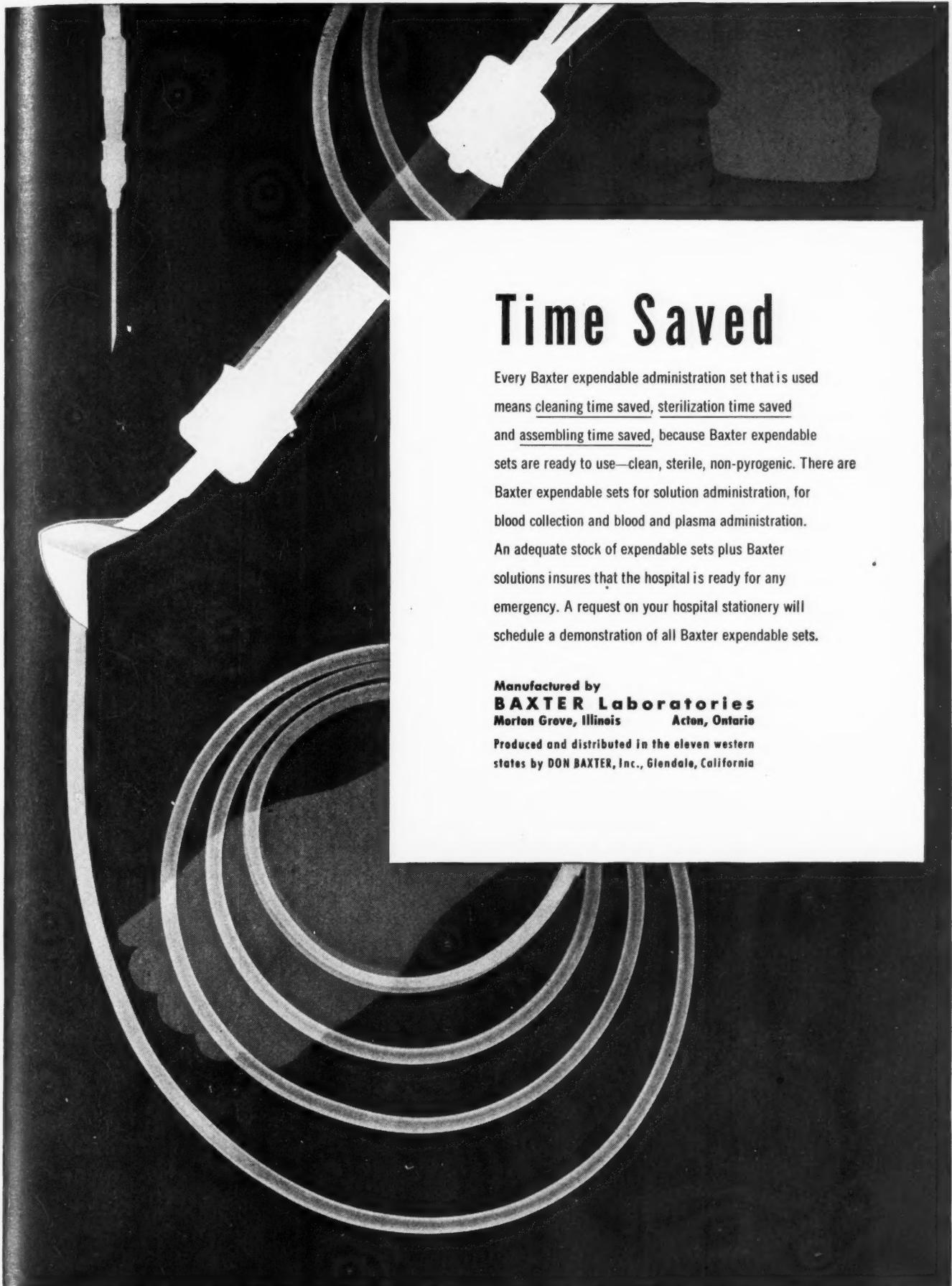
FLORENCE E. KING *St. Louis*  
JOSEPH G. NORBY *Milwaukee*

#### University Hospitals

R. H. BISHOP JR., M.D. *Cleveland*  
BASIL C. MACLEAN, M.D. *Rochester, N. Y.*

#### Consultants:

SISTER M. ADELE *Pittsburgh*  
COL. HARRY E. BROWN *Washington, D. C.*  
EDWIN L. CROSBY, M.D. *Baltimore*  
GRAHAM L. DAVIS *Battle Creek, Mich.*  
ROGER W. DEBUSK, M.D. *Evanston, Ill.*  
W. J. DONNELLY *Greenwich, Conn.*  
CARL I. FLATH *Honolulu, T. H.*  
MSGR. M. F. GRIFFIN *Cleveland*  
A. J. HOCKETT, M.D. *Wilmington, Del.*  
VANE M. HOGE, M.D. *Washington, D. C.*  
F. STANLEY HOWE *Orange, N. J.*  
ROBERT E. NEFF *Indianapolis*  
MAXIM POLLAK, M.D. *Peoria, Ill.*  
OLIVER G. PRATT *Providence, R. I.*  
JOSIE M. ROBERTS *Houston, Tex.*  
A. J. J. ROURKE, M.D. *San Francisco*  
GEORGE D. SHEATS *Memphis*  
FRANK J. WALTER *Portland, Ore.*  
PETER WARD, M.D. *St. Paul*  
L. R. WILSON, M.D. *Philadelphia*  
GEORGE U. WOOD *Oakland*



## Time Saved

Every Baxter expendable administration set that is used means cleaning time saved, sterilization time saved and assembling time saved, because Baxter expendable sets are ready to use—clean, sterile, non-pyrogenic. There are Baxter expendable sets for solution administration, for blood collection and blood and plasma administration. An adequate stock of expendable sets plus Baxter solutions insures that the hospital is ready for any emergency. A request on your hospital stationery will schedule a demonstration of all Baxter expendable sets.

Manufactured by  
**BAXTER Laboratories**  
Morton Grove, Illinois      Acton, Ontario  
Produced and distributed in the eleven western states by DON BAXTER, Inc., Glendale, California

**AMERICAN HOSPITAL SUPPLY CORPORATION**  
DISTRIBUTORS EAST OF THE ROCKIES • GENERAL OFFICES: EVANSTON, ILLINOIS

# Roving Reporter

## Problem of Leadership

It is nice to know of an administrative problem that is not financial. The problem to be presented here is primarily one of personnel and leadership. The money—well, maybe it can come from the state.

Hospitals that serve orthopedically handicapped children have to provide these children with both schooling and recreation, for, to quote Dr. Howard A. Rusk, "you can't put a patient's mind in a cast."

A conference on Education of Hospitalized Children was held recently in connection with the annual meeting of the American Association of School Administrators.

Some of the points that came out of this meeting, which was sponsored by the National Foundation for Infantile Paralysis, are as follows:

Hospitals serving orthopedically handicapped children should have regular staff meetings of professional workers who come in contact with the patients,

including the teacher, doctor, nurse, social worker and therapist.

To work with this professional team, parent groups should be formed so that the child's own family will understand his needs. The parents must be taught to judge the child's progress on the way he participates in group activities and the psychological adjustment he makes, as well as on his academic achievement.

It might be better to use only one textbook for each grade in the hospital rather than different texts from each child's home school, as is the custom.

Recreation needs to be dynamic, not passive.

Teachers in hospital schools need special training, based on short orientation courses.

The teaching schedule should be adjusted to the child and not to the convenience of the hospital staff.

The conference recommended that other national conferences take place and that small regional, state and county seminars be instituted in all parts of the

United States to evaluate present local programs and to inaugurate specific improvements.

To these seminars should come representatives of the whole hospital team: doctor, hospital superintendent, nurse, therapist, social worker, teacher and school administrator.



## The Church Capitulated

There is more to getting a new hospital built than communal planning and architectural design. The newly opened George Washington University Hospital in Washington, D.C., bears this out.

The 400-bed hospital spreads over a city square, and in 1945 there stood in that square many homes, an apartment building, and St. Paul's Episcopal Church, the last named a 75 year old edifice.

The vestrymen and parishioners of St. Paul's and some of the homeowners resisted the condemnation order for the property. The court upheld the order, however, and the churchmen, save one, capitulated on the promise that the altar, organ, stained glass windows and other memorials be carefully stored until a new church structure could be built and that the university make its auditorium available for church services.

The one holdout was a retired Episcopal clergyman who remained in his Eye Street home until another court order evicted him.

The new teaching hospital will be primarily a research center, and a large amount of its space is devoted to laboratories and research units.



## BETTER PATIENT CARE *And At Lower Cost*



An over-burdened administrator hasn't enough time to ferret out all the little inefficiencies that run up costs and jeopardize patient care.

The recent findings of the National Committee point out this fact sharply—"Money spent at the top for adequate supervision means better patient care and at lower cost per patient." With an assistant, an administrator has more time for better planning.

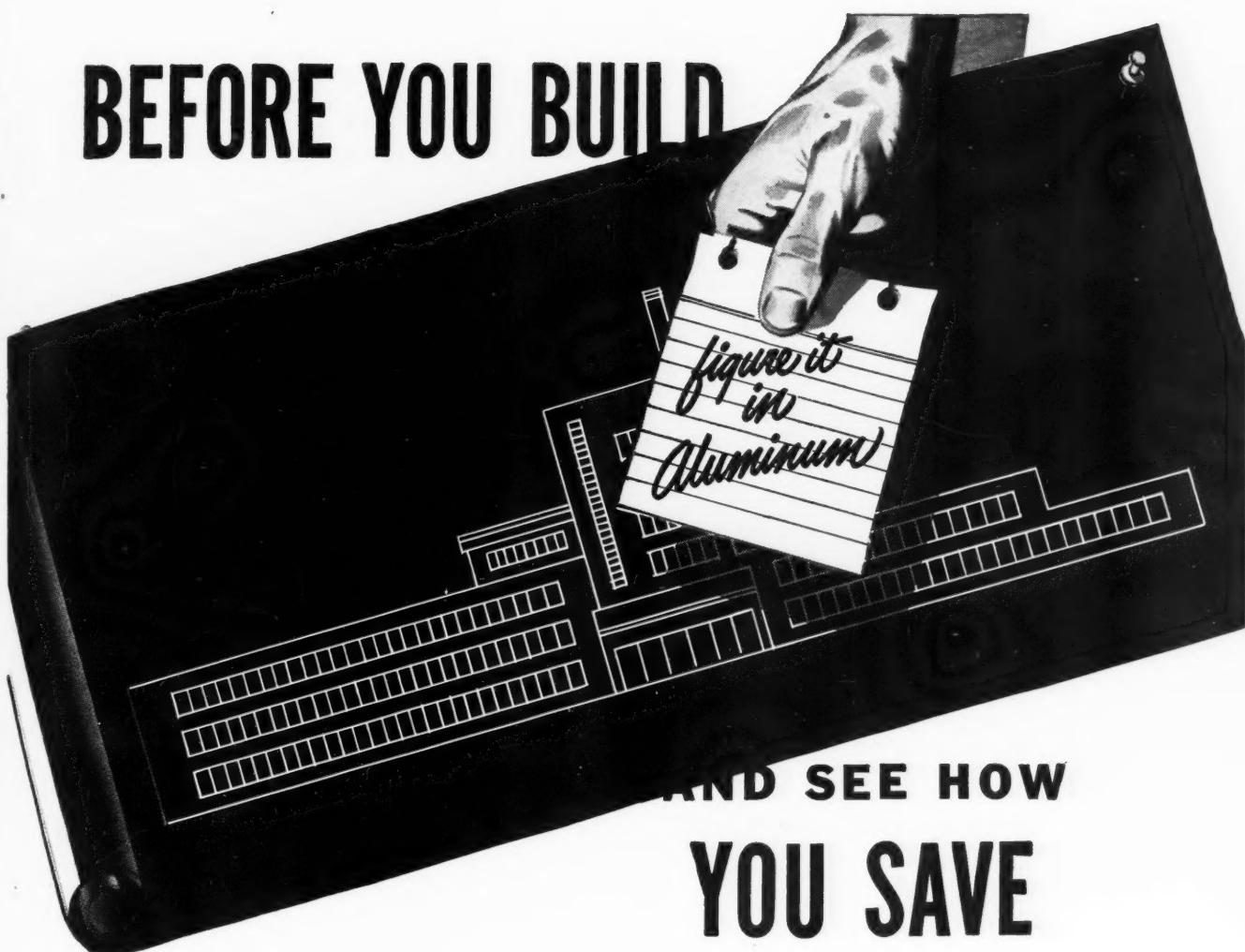
We have a number of very capable assistants who have completed their formal training. Wire or write us today for full information.

**BURNEICE LARSON, Director**



**THE MEDICAL BUREAU**  
Palmolive Bldg. at 919 N. Michigan Ave.  
CHICAGO . . . ILLINOIS

# BEFORE YOU BUILD



AND SEE HOW  
**YOU SAVE**

Eliminate maintenance costs before they begin. Look over your remodeling or new building plans now. Is there a place that will require regular repainting? . . . where corrosion will be a problem? . . . where saving weight will mean saving money? If there is—figure it in aluminum! Chances are you'll find that Alcoa Aluminum will give you improved

appearance as well as longer life and lower upkeep costs.

From roof to subbasement, for interior and exterior, whenever you repair or replace—figure it in aluminum to keep down the upkeep. For information on any application of aluminum, write ALUMINUM COMPANY OF AMERICA, 1734 Gulf Bldg., Pittsburgh 19, Pennsylvania.

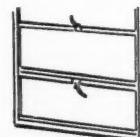
HERE ARE A FEW OF THE MANY PLACES WHERE ALCOA ALUMINUM CAN CUT UPKEEP COSTS AND IMPROVE APPEARANCE



Doors



Ventilators



Windows



Hardware



Stair Rails

# ALCOA ALUMINUM



1888

1948

60 YEARS OF SERVICE

housecleaning and started in at rearranging and sprucing up their bedrooms.

This led to an officially sponsored contest, and the rooms were judged on the basis of originality, arrangement, colorfulness and neatness.

Grant Hospital, Chicago, has put on a "Miss Hush" competition. The contest deals with noise abatement, and prizes of \$25, \$15 and \$10 for the three best suggestions for cutting down hospital noise gave employees a new interest in providing patients with the quiet they need for speedy convalescence.

### Morale on the Upgrade

Morale among the "quads" is on the upgrade at V.A. hospitals, it is reported. The quads are quadriplegics, veterans who are suffering from complete or partial paralysis from the neck down. After long months of hospitalization, these men are sick to death of eating food off a tray. If only they could get to the dining room, the authorities thought, appetites would improve and grousing would lessen.

The solution to the problem came when the paraplegics agreed to accom-

pany the quads to dining rooms and assist them by cutting their meat, pouring milk and coffee and helping them in other small ways.

The quads lack precision, but they are now being taught to utilize their movements in eating. Utensils are wedged between their index, second and third fingers, using especially built braces. Some utensils have built-up handles.



### M.G.H. Has a Horse

Getting out a monthly periodical is slow business even when local printers are on the job so there was a considerable time lag between the day that Massachusetts General requested a white horse and the moment the long delayed April issue reached the readers of this department, if readers it has. So don't send your white horse to M.G.H.; it does not want a team and it has acquired one horse, thank you.

In its monthly *News*, M.G.H. first broadcast an appeal for a white horse to draw the model of the first ambulance being made for the hospital museum. A day or two after being informed of the search, Dr. Earle M. Chapman of the hospital staff was passing by the Technology Ambulance Service in Cambridge and happened to see a man throwing into a trash pile a white horse of exactly the required dimensions. Dr. Chapman retrieved Dobbin, who, in the region of the legs, showed signs of fairly hard driving, but some orthopedic and plastic surgery has been done and Dobbin is now between the shafts.



### "Who Dat?"

In these days of inflation, one thinks twice before turning down a free lunch. Employees at Huntington Memorial Hospital, Pasadena, Calif., are thinking twice or guessing thrice over a "Who Dat?" contest being conducted in each issue of the house organ, *T.P.R.*

The "Who Dat?" feature is just the old baby-photograph stunt with a radio-game angle. A beautiful baby with thumb in mouth in one issue is keyed as follows:

"Clues: Popular, prompt, personable.

"Hobbies: Gardening, collecting antiques and mountain climbing.

"The first correct guess wins a free lunch."

**Get all 3 FOR YOUR HOSPITAL**

**Kewaunee Sub-Sterilizing Room Assembly**

#### 1. STREAMLINED EFFICIENCY

Kewaunee's beautifully streamlined Casework, Cabinets and Laboratory Furniture give you increased convenience, resulting in time and money saved.

#### 2. GRACEFUL EXPANSION

Each Kewaunee Unit is built to standard size, allowing your plant to "grow gracefully" as you expand. Kewaunee's "Cut-Cost" Plan of Unit Assembly gives you, at no extra cost, full flexibility in the choice and combination of pieces.

#### 3. KEWAUNEE QUALITY

43 years of experienced leadership, plus high-grade materials and workmanship, assure you finest quality in every unit. All working surfaces are of Kewaunee's patented KemROCK for defiant resistance to acids, alkalies, solvents, abrasion and shock.

Our Hospital Engineering Staff is available to you without cost or obligation. WRITE—

HOSPITAL DIVISION

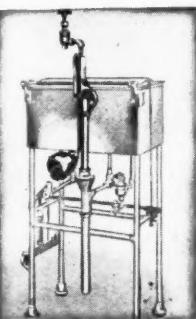
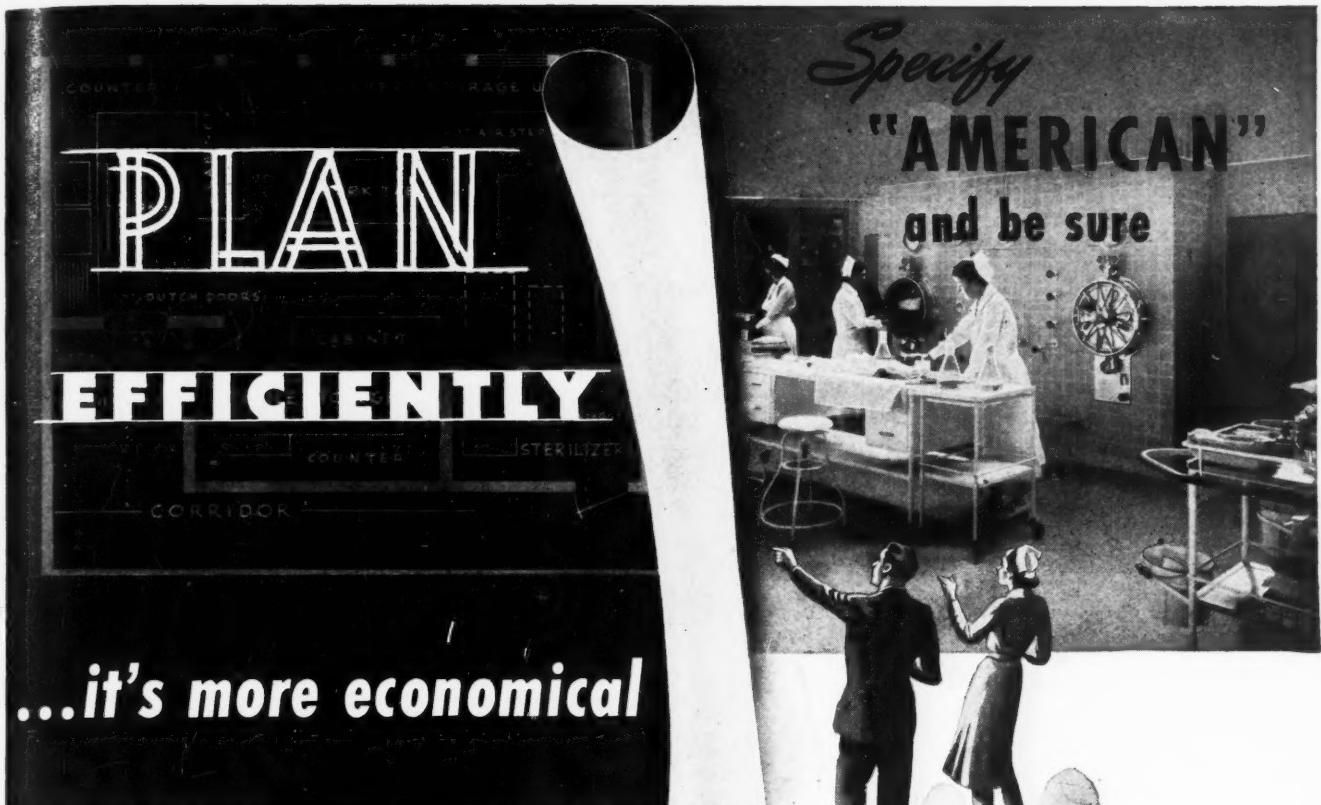
**Kewaunee Mfg. Co.**

C. G. CAMPBELL, PRESIDENT

5023 S. Center St., Adrian, Michigan

Representatives in Principal Cities





#### INSTRUMENT and UTENSIL STERILIZERS . . .

which provide for complete utilization of available power and automatic control of rate of heating. EXCESS VAPOR REGULATOR eliminates losses usually sustained through wasteful creation and disposal of steam.

#### WATER STILLS . . .

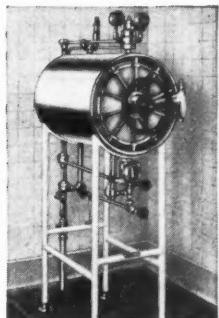
in which a thermometer permits operator to gauge performance at all times and to accurately adjust regulating valve. Provides safety against "burn-out" and cleaning simplicity that means longer periods of operation.



**AMERICAN STERILIZER COMPANY**  
Erie, Pennsylvania

#### DRESSING and INSTRUMENT STERILIZERS . . .

Precision equipment of functional dependability. SMALL INSTRUMENT STERILIZERS in portable and cabinet models featuring "burn-out-proof" safety.



#### BULK STERILIZERS . . .

the outcome of wartime engineering efficiency. Unexcelled for sterilization of dry surgical supplies, mattresses, bedding, etc.

Sterilizers, Autoclaves and Stills for every Central Supply, Surgical Supply and Private Office need. Our experienced Planning Service is at your disposal. REQUEST REPRESENTATIVE TO CALL or write today for descriptive literature.

# Keeping Ambulances Hospital Clean

CLEANLINESS is not confined within the walls of a hospital. Let's take a look OUTSIDE . . . at the garage, for example. Here one finds the job (among others) of keeping ambulances immaculately clean inside, physically clean outside.

To help you do a thorough house-keeping job on ambulance interiors, Oakite offers DI-SANITE. This is a scientifically designed washing powder that cleans and de-odorizes in the same operation. Oakite DI-SANITE is extremely free-rinsing . . . leaves walls and woodwork hospital-clean. Rids ambulance interiors of the most obnoxious odors. Oakite DI-SANITE is odorless. It destroys odors at the source . . . not by overpowering a bad odor with a strong-smelling concentrate. It's easy to apply. Economical to buy.

Ambulance exterior finishes take a new lease on life when washed with Oakite Composition No. 70. This cleaner is specially designed to remove traffic film, grease and grime without affecting paint or decals. Oakite Composition No. 70 eliminates chamoising. Surfaces dry down without streaking.

## Send for Free Data

Two booklets are available, without cost, describing maintenance cleaning in hospitals and garages. Why not send for them? There's no obligation.

### OAKITE PRODUCTS, INC.

10A Thames Street, NEW YORK 6, N.Y.

Technical Representatives in Principal Cities of U.S. & Canada

# OAKITE

Specialized Industrial Cleaning  
MATERIALS • METHODS • SERVICE

## READER OPINION

### First Planners

Sirs:

In all fairness to my hospital (Michael Reese, Chicago), I must take issue with Dr. Alfred E. Cohn, who is quoted (in a MODERN HOSPITAL news story on the community planning project at Sydenham Hospital, New York) as saying, "For the first time in this country, the study and care of sick individuals and the study of the ills of a community will be carried under one roof."

This may be the second or third or even the fourth such project since our planning staff began functioning in August 1945. Since then we have given advice to Johns Hopkins, Jewish Hospital of Philadelphia, and other institutions.

We began our staff work with a full-time sociologist, city planners, architects, economists, research and survey people, university assistance and consultation from psychiatrists, planners and architects. We were responsible for the creation of an inter-racial South Side Planning Board to carry on research, planning and effectuation. Our work has been on every aspect of the 7 square mile community with its 200,000 people.

Reginald R. Isaacs

Chicago

### Dietetics in Budapest

Sirs:

After a long silence I am permitting myself to write you, in a state of vigor, eagerness for work, and filled with the joy of living. Day before yesterday, in the large auditorium of our Medical Society, there was a meeting at which a decision was made to revive the Hungarian Hospital Association. The terrible events of the last few years not only destroyed completely the entire results of long years of work, but it was also necessary for us to wait another three years before the desire for a restoration of contact between the hospital specialists could become a reality. Now we have decided to devote ourselves and our energies to the great working unit of the inter-

national hospital field and would be very glad if you would extend to us the proper opportunity.

The education of women who serve as dietetic assistants is continuing in regular fashion. My institute is again nicely fitted out, and my lectures at the university, on the subject of dietetics for medical practitioners, are well attended. I built a kitchen for teaching purposes in which I combined all biochemical, pharmaco-chemical and culinary scientific achievements, and wish to develop and practice active dietetics. I should like to announce, for the period August 15-30, 1948, a graduate course to be given in my institute under the title "International Graduate Course in the Practical Technic of Nursing and Organization of Hospital Nutrition." I should be especially grateful if you would give me your opinion and advice on this plan.

Furthermore, I am starved for the newest literature in my special field of dietetics and hospital management. I should be especially grateful for a few old numbers of The MODERN HOSPITAL and particularly for the year books of M.H. [Hospital Purchasing File]. Perhaps you would also be in a position to direct toward me catalogs of firms and enterprises of dietetic organizations and hospital kitchens.

Prof. Aladar van Soos  
Direktor d. Univ. Institutes f.  
Dietetics

Budapest 8, Hungary

### Think You Got Trouble?

Sirs:

I have attempted to get nurse's aides but have failed. No one who will take up the work, even if I teach them. Am unable to cover the floor with any kind of nursing help. Board knows situation but insists I must keep hospital open, so it's keep going or resign.

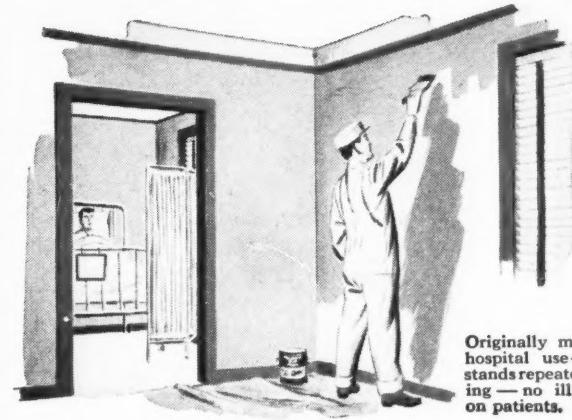
Pay an unqualified technician \$250 plus one meal a day plus uniforms: bookkeeper, who has only high school education, \$200; cook (poor one), \$200. I get \$300 for twenty-four hour duty. They work eight hours and quit.

Reader's Name Withheld

# No Nausea, No Inconvenience With Amazing NO-ODOR Paint



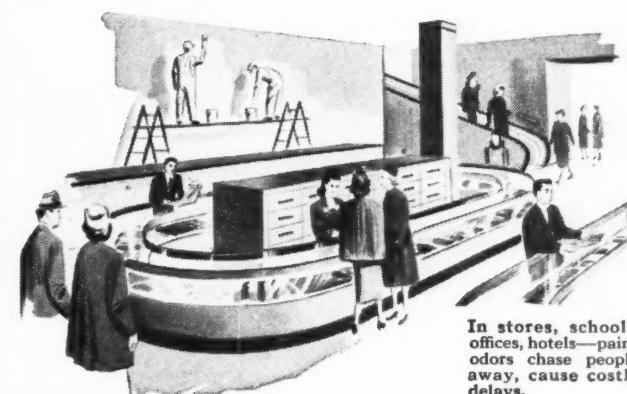
Nothing worse than paint odors where food is served—No-Odor is perfect for no-delay decorating.



Originally made for hospital use—withstands repeated washing—no ill effects on patients.



In plants, work goes on as usual when No-Odor paint is used. No slow-downs, time-off or ill-effects.



In stores, schools, offices, hotels—paint odors chase people away, cause costly delays.

## NO MORE COSTLY DELAYS FROM DISAGREEABLE PAINT ODORS!

That's right! No more ill effects from paint odors. No more tedious waits for common paint smells to disappear. The disagreeable odors have actually been removed. No perfumed solutions added.

There's nothing on the market like oil base *Valdura No-Odor* finishes. Nothing better for walls, ceilings and woodwork. Three finishes—a tight smooth flat, a velvet-like eggshell and a brilliant gloss. Choose from styled colors, or tint the whites to any shade.

Extremely durable—even the flat finish can be washed

repeatedly. Mercurochrome, ink, indelible pencil, stamp-pad ink, crayon, match scratches and lead pencil disfigurements can be removed with just soap and water. No danger of injuring the surface.

With *Valdura No-Odor* you save time and money every way. Takes 10% to 25% less time to apply—thanks to amazing easy brushing, no drag characteristics. A little goes a long, long way!

Write for full details about this wonder paint and where you can buy it. Mail the coupon today!

# VALDURA NO-ODOR PAINT

AMERICAN-MARIETTA COMPANY  
Dept. S, 43 E. Ohio St., Chicago 11, Ill.

Valdura Div., American-Marietta Co.  
Dept. S 43 East Ohio Street  
Chicago 11, Ill.

Rush more information about Valdura No-Odor Paints and where I can buy them. I am a —

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Decorator    | <input type="checkbox"/> Painting Contractor  |
| <input type="checkbox"/> Architect    | <input type="checkbox"/> Maintenance Engineer |
| <input type="checkbox"/> Paint Dealer | <input type="checkbox"/> Other                |

Name... . . . . .

Address... . . . . .

City... . . . . . Zone... . . . . . State... . . . . .

# SMALL HOSPITAL QUESTIONS

## Who Pays for Damages?

Question: Ours is a locked hospital for the care of psychotic patients. Occasionally, despite care on the part of the nurses and attendants, a manic, aggressive patient will destroy property, tear a nurse's uniform, or break her eye glasses. Is it common practice in private psychiatric hospitals for the hospital or the individual nurse to assume the burden of expense for repair or replacement of such items, or is it better to charge such expenses to the patient's account?—H.C.W., Ill.

ANSWER: It seems to me that the destruction by a psychiatric patient of any property, whether owned by the hospital or by individual employees, must be included as a regular operating expense. These things are bound to happen and the hospital's rates should be set high enough to cover them. The hospital should reimburse the employee whose belongings are destroyed by a psychiatric patient. — EVERETT W. JONES.

## Moral Responsibility

Question: Does either the board or the administrator have moral or legal responsibilities for the medical audit?—R.M.C., Ohio.

ANSWER: The board of my hospital has a legal responsibility to provide the community with the best medical care possible. There is no legal responsibility per se for a medical audit, but one questions whether or not the responsibility for standardization can be discharged without a medical audit. Both administrator and the board have a definite moral responsibility.—ROGER W. DEBUSK, M.D.

## Performing Medical Audit

Question: What are some practical methods of performing a medical audit in a small hospital?—J.B., Mass.

ANSWER: A small hospital has at its disposal the tools for performing an adequate medical audit if it is able to cover the following points:

1. Necropsy percentage which reflects the interest of the staff in checking its own diagnostic and therapeutic results.
2. Listing of publications of the staff which delineate to a degree the interest in research and clinical study.
3. Analysis of patients discharged against the advice of the physician which shows in general the satisfaction or dissatisfaction with the total service.
4. Accurate medical records, with cross files done with the standard nom-

Conducted by Jewell W. Thrasher, R.N., Frazier-Ellis Hospital, Dothan, Ala.; William B. Sweeney, Windham Community Memorial Hospital, Willimantic, Conn.; A. A. Aita, San Antonio Community Hospital, Upland, Calif.; Pearl Fisher, Thayer Hospital, Waterville, Maine, and others.

enclature, maintained by a registered record librarian. These instruments are of value only when they are reviewed periodically, honestly and frankly by the staff or a committee therefrom.—ROGER W. DEBUSK, M.D.

## Engineering Round the Clock

Question: How can twenty-four-hour engineering service be provided in the small hospital? Is such service with licensed engineers necessary?—B.C., Nebr.

ANSWER: The accepted practice is to have an engineer on duty as long as it is necessary to carry more than 15 pounds' pressure on the boiler. Many small hospitals bank the fire in the boiler at 5 p.m. and do not raise the pressure until 5 o'clock the following morning. This would necessitate one engineer's coming on duty from 5 a.m. until 1 p.m. and the other engineer's coming on from 10 a.m. until 6 p.m., or from 1 p.m. until 9 p.m. Assigning the most satisfactory hours would depend on their duties outside the boiler room. From 9 p.m. until 5 a.m. the boiler could be checked by any other man who is working, or if it has a stoker or oil-burner that is kept in good repair it would not be necessary to have anyone check. The night nurse supervisor can always call the engineer in case she feels that something is wrong or in cold weather when the heat is off.

Licensed engineers are necessary only when boilers are operated over 15 pounds' pressure and for that time only, and in those states or cities where li-

cense laws exist; otherwise no license is necessary for the engineer. A licensed engineer should be considered in preference to a nonlicensed man even in the absence of a license law, unless the non-licensed man can prove his previous experience.—LELAND J. MAMER.

## Admitting Clerk's Duties

Question: What additional duties can the admitting clerk perform and still be available for receiving at all times?—M.W., Nev.

ANSWER: An admitting clerk in a small hospital can well be assigned other duties in the general office, so long as the admitting desk is located in or near the business office. There are some disadvantages to having the admitting desk in the business office. However, in the small hospital there are not sufficient admissions to keep one clerk busy on admissions alone. The smaller hospital also has the problem of admissions after the office is closed. This can be handled quite satisfactorily by assigning this duty to the nurse in charge of the night shift.—A. A. AITA.

## Discipline for Surgeons

Question: What disciplinary action can be used to control surgeons who are in the habit of being late in the operating room, thus delaying a busy operative schedule?—D.N., Me.

ANSWER: The problem of surgeons disrupting an operating room schedule by coming in late has been faced by all hospitals at some time or other. The best procedure seems to be to get the entire surgical staff together, discuss the problem frankly and openly, and then have the surgeons draw up a recommended regulation for submission to the trustees for adoption as a policy of the hospital. Regulations usually state that if any surgeon is more than fifteen minutes late for a scheduled operation, he loses his position in the morning schedule and would either have to go to the end of the line or have the operation canceled entirely on that day.

When this regulation is adopted by the board of trustees, the operating room supervisor should be given full responsibility and authority. She must, of course, have the complete backing of the hospital administrator.

Wherever this regulation has been put into effect and enforced, the problem has ended.—EVERETT W. JONES.

# *Looking Forward*

## **Make Mine Moral**

SEVERAL months ago in these pages, we deplored the acceptance by doctors and hospital administrators of convention entertainment paid for by manufacturers and distributors of hospital and medical supplies. We think there is no place in the serious business of medical care for the subtle obligations that are implicitly sought and accepted at convention cocktail parties.

Among the responses to our strictures on this subject was one from an administrator who defended the practice. "Hospital people work under terrific pressure," he said. "One of the reasons they go to conventions in the first place is to get out from under the pressure for a few days. The cocktail parties help provide needed release from tension."

This is plausible nonsense, but it is nonsense just the same. Nobody can deny that hospital administrators work under heavy pressure most of the time, or that relief from the nervous strains of hospital responsibilities is one of the reasons for getting away to conventions. However, hospital people should understand better than most others that relaxation is not to be found in a highball glass or a hotel suite jampacked with chattering colleagues. However much one may enjoy these occasions, the best that can be said for them is that they substitute one kind of tension for another—a result that is not nearly so beneficial as we like to believe. Ask any internist.

As a matter of fact, the tension under which hospital people work probably does not develop solely from the special circumstances of the hospital environment, relentless though these pressures unquestionably are. It seems likely that one cause of tension, in the hospital as elsewhere, is the moral ambivalence of modern life, in which the instinct to do right is opposed by the desire to do well. The urge which most human beings have to speak truth and perform kindness is often pulled back by the restraints of expediency, the passion to do the smart thing and get ahead. This inner conflict is less apparent in the hospital field than in most walks of life, but it is sometimes present, nevertheless, and it may account for a measurable amount of the nervous tension which keeps some hospital administrators scanning the want ads.

To the extent that tension is caused by moral conflict, the only ultimate answer to it is behavior according to right moral principles. By whatever process of reason or act of faith right behavior is achieved, it is not especially to be sought at cocktail parties. Whoever seeks real release from tension should look in the Bible, not in the bottle.

## **A Cause of High Costs**

HOSPITALS have come a long way from the conditions of a few years ago, when the most outrageously inefficient business methods were clothed in the chaste robes of charity and accepted in the very best circles. Today, management methods in many hospitals are indistinguishable from the best systems in industry, with costs carefully controlled and continuing studies going forward to check efficiency. The improvement in methods is an everlasting credit to the best administrators and to the hospital associations and educational bodies that have worked vigorously and intelligently toward raising standards.

This evidence of what can be accomplished makes all the more tragic the fact that slipshod, wasteful practices are still tolerated in many hospitals. Recently, for example, a manufacturer's representative who calls on hospitals reported these observations:

"Because purchasing control is not centralized in many hospitals, several department heads may order the same items. Often this results in a bad oversupply and a consequent plea from the hospital to 'please take some back.' In other hospitals, storage is so disorganized that responsible executives don't know how much material they have, or where it is. Even when inventories are properly kept, too many hospitals fail to plan purchases ahead for a sufficiently long period; instead, they order frequently on a hand-to-mouth basis, paying higher prices than they need to and increasing their own clerical and handling costs.

"Many times goods are not examined for many months after receipt," the representative continued. "When, at this late date, some damage is noticed, the hospital may throw the merchandise back at the supplier without warning. Proper receiving and

storage practice requires that merchandise should be examined immediately on receipt and damage reported to the seller within a few days.

"A few hospitals," the representative concluded, "are guilty of a practice that is either inexcusably irresponsible or downright dishonest: They will place identical orders with several suppliers and accept the first shipment of the goods ordered. Then, instead of canceling the duplicate orders, they wait and send the extra merchandise back without explanation."

In our economy, when the cost of wasteful methods runs prices up too high, the customers take their business elsewhere. A few hospital patients have this choice within the present system, but many more do not have any choice. Unless wasteful and unethical practices can be cleaned out of our voluntary hospitals, the customers may take the business where nobody wants it to go.

### **Wanted: Fitness Reports**

AS DRIVES for the presidential nominations reach the frenzied pitch of these final weeks, with the campaign itself yet to come, all the men who emerge as possible candidates are subjected to increasingly careful public scrutiny. Everybody who reads the papers or goes to the movies knows by this time what Dewey's singing teacher said about him in the eighth grade, how Taft voted on the principal bills in the Ohio Legislature in 1924, and what Truman, Stassen and all the others think about tariffs, bow ties and double entry bookkeeping.

There is one important qualification of every candidate, however, about which the public has little or no information—his physical condition. Yet the fact is that all other qualities of leadership and statesmanship are valueless unless they are accompanied by the physical stamina and well-being that the President must have to withstand the terrific pressure of his responsibilities today.

Of course, it is true that many physical breakdowns are not foreseeable. The sudden death of the person who had "never been sick a day in his life" is not an uncommon occurrence. Too, a man who enjoyed the best of health as a candidate might crack up under the strains of the presidency. This has happened. Nevertheless, the voters are certainly entitled to know that their candidates are in good health, as far as good health is scientifically determinable. A certification of sound physical condition should be as much a part of each candidate's political armament as are his opinions on the Marshall Plan and universal military training.

For obvious reasons, certification should not be left up to a physician who is also the candidate's per-

sonal friend and adviser. As a matter of fact, the responsibility for examining a candidate for high public office is probably too great for a single physician to assume. Instead, the examination should be conducted and the result certified publicly by an impartial medical board or staff including, at least, specialists in the cardiovascular, gastro-intestinal and musculo-skeletal disorders. The examinations might logically be organized by hospital staff groups.

The pre-employment physical examination has become routine in modern industry. The office boy and the tool crib flunkie are prodded and tapped by the company doctor before they're put to work. For the most important job in the world, we should be as careful.

### **On Awards**

THE annual observance of National Hospital Day this month provides an appropriate opportunity to think about the whole practice of giving honors and awards of all kinds in our society. As an occasion for honoring the skill and devotion of those who care for the sick in the nation's hospitals, Hospital Day unquestionably deserves and has the support of everybody who ever heard of it. There could be no group of people more worthy of public recognition than hospital people are.

It is a sad commentary on society, then, and not on hospitals, that the observance has to be organized by the people who are being honored. Releases praising the hospital are handed to editors by hospital people, who also write the proclamations that are handed to mayors and governors to be read or signed and handed back to hospitals.

Probably there is nothing the matter with this practice. It would be nice if we lived in a society where recognition of good work was spontaneous, but we don't. So, in the case of hospitals, the effort to gain public understanding, which is necessary to public support, which is necessary to continued good work, must be self-organized. The fact that National Hospital Day has survived and grown over a period of nearly thirty years, while countless Dogcatcher Days and Biscuit Weeks have been born and have died unnoticed, indicates that there is a sound core of wisdom in the public mind. Until a better method of attracting public support is presented, Hospital Day will be and should be carried forward, with bigger and better celebrations everywhere. Hospital people whose heart or conscience is troubled by the apparent self-adulation involved in the Hospital Day routine may find comfort in Proverbs 11:26: "He that withholdeth corn, the people shall curse him; but blessing shall be upon the head of him that selleth it."



Front elevation of the new hospital, in its final stages before the dedication.

# *Presenting*

## THE NEW HARTFORD HOSPITAL

### THE STORY TO DATE

**BARCLAY ROBINSON**

Chairman of the Executive Committee

AS ONE contemplated the growth of Greater Hartford and the steady increase in admissions to Hartford Hospital in the middle thirties, it was apparent that a substantial building program had to be undertaken. This was given further impetus by the absence of fire resistance in a number of the older buildings accommodating nearly 200 patients.

Admissions had jumped from a pre-depression high of 14,000 to 17,400 in 1937. The triangle in which the hospital was located was filled with crowded buildings with some two miles of corridors. There was no room for additional construction.

To have erected a suitable building on this site would have required the prior demolition of structures accommodating more than 200 patients. The community could not spare these beds. To have accomplished the same result in two stages would have cost an extra quarter of a million dollars and would have closed 100 beds for eighteen months at least.

The only feasible answer, therefore, was to build outside the triangle. Careful consideration was given to building a new hospital in a less congested area, but transportation difficulties, largely increased expense, and geographic relationship to accident and

emergency service led to a unanimous decision against such a proposal.

The street along the west side of the triangle was only one block long. The hospital owned all the adjoining property on the east side and several parcels on the west. The remaining properties on the west side could be and were purchased for approximately the extra sum it would have cost to build in two stages on the old site.

With this accomplished, the city of Hartford was petitioned to discontinue the street and thereby permit unencumbered title to vest in the hospital. This unique step in the city's history was taken without opposition.



Looking from the new at the old—from the conference room in which the directors will meet.



The main lobby and information desk. Tables and chairs for visitors will be at right of pillars.

Since there were several substantial and reasonably satisfactory patients' buildings in the old plant, first planning was in the direction of a new building to compensate for the older buildings to be abandoned, together with a moderate increase in total capacity. It was obvious, however, that the lack of integration and the transport difficulties involved negated a solution which was not commensurate with the expenditure.

Thus, a whole new hospital gradually took shape on the drafting boards. Original thought was for a twenty-story building accommodating approximately 800 patients plus 170 newborn. Because of our propinquity to Brainard Aviation Field, however, the Civil Aeronautics Authority regulations denied a building of this height. It was therefore determined to erect first a six-story building accommodating the maternity and outpatient departments. Containing approximately

1,000,000 cubic feet, this unit was begun in April 1941 and was occupied in July 1942. This was just in time for the war boom in babies which reached its peak with more than 6200 deliveries in 1947.

#### SOUGHT \$5,000,000 FUND

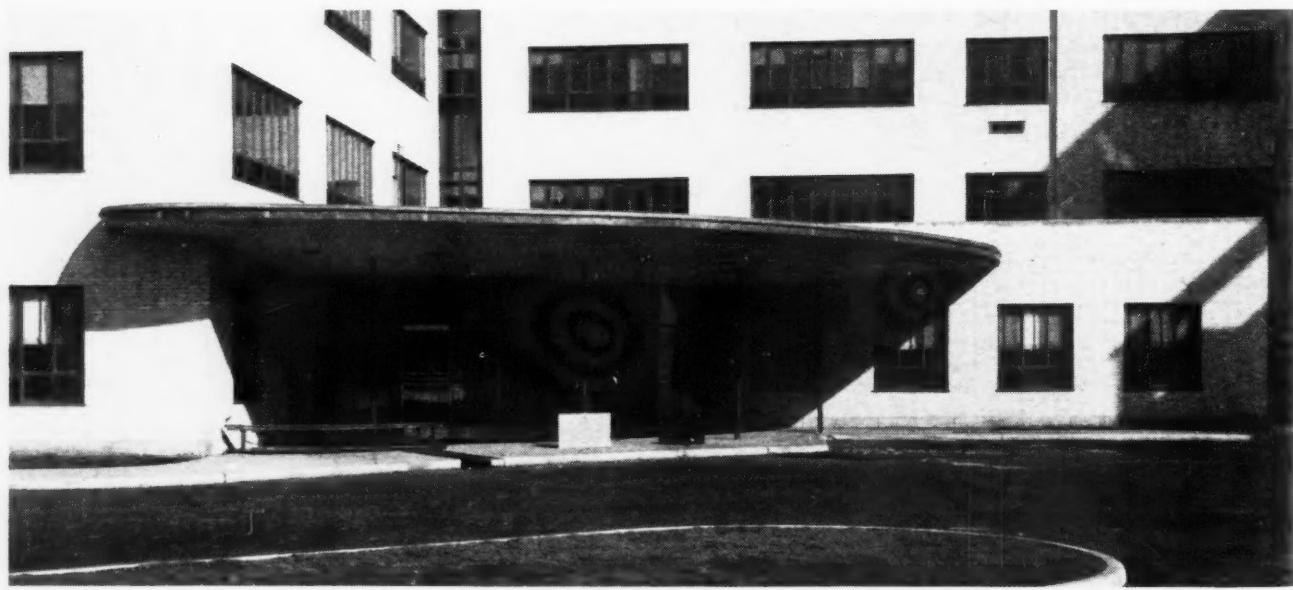
In spite of the war and, to a degree, because of the tax deductions allowed for gifts to hospitals from high war taxes, it was decided to conduct a fund raising campaign for \$5,000,000 for the completion of the new hospital when circumstances permitted. This stupendous undertaking was successfully completed in 1943. Little did we realize how inadequate was to be this unprecedented example of community giving.

In the summer of 1945, with the successful conclusion of the war in sight, plans for actual construction were reactivated. Realizing that mounting costs were in prospect, the board

of directors consulted with other business leaders whose companies had contributed generously, and all were agreed that the community's requirements indicated that we should proceed with construction at the earliest possible moment. They were in further agreement that when the final cost was determinable they would again contribute toward it.

Accordingly, ground was broken on Sept. 11, 1945, nine days after V-J Day. Difficulties in obtaining an adequate labor force and materials have been numerous and often perplexing, but the work has gone forward.

In December 1946, it appeared that after allowing for a large contingency fund, \$8,500,000 should complete the project. Consequently, the board of directors authorized a second building fund campaign to raise \$3,000,000. This was undertaken in 1947, and at the time of writing, this fund now equals approximately \$2,300,000.



Patients' entrance, with entry for ambulatory cases at left and emergency and stretcher case entry at right.

## HARTFORD HOSPITAL

# THE BUILDING PROGRAM

J. RAYMOND GLAZIER, M.D.

Assistant Medical Director

HENRY R. SHEPLEY

Architect

Coolidge, Shepley, Bulfinch and Abbott  
Boston

EARLY plans for the building closely resembled in basic conception the final plan from which the new hospital was built. They showed the new hospital as an eighteen-story structure on new land with the main stem running north and south and two cross wings running east and west. Two tunnels running east from the new building enclosed a rectangle 150 by 350 feet, which was to be grassed over. Around this greensward and connected to the tunnels were the older buildings to be kept and the accessory buildings to be built, such as the power plant, laundry and shops.

### TWO BUILDINGS COMPLETED

During the first year of the war two buildings were completed. One was the new power plant located at the east end of the old hospital property, and the other, located south of the future tall building, was a six-story structure with two lower floors for an outpatient department and four upper floors for the maternity department. Construction of this South Building afforded the management an excellent opportunity to test new ideas and to gather experience on the functioning of many of the units to be incorporated in the high building.

The ward floor in the original plans of the high building showed nursing units of forty beds each per floor, one to the north and one to the south. These were somewhat similar in layout to those of the White Building at Massachusetts General Hospital. However, during restudy of the plans following the South Building experience and from suggestions by others, the hospital management concluded that forty beds were too many for one nursing service to administer adequately

and requested a modification to provide not more than thirty beds per nursing service.

If this were done, retaining the two ward units per floor, the additional stories required would have exceeded the height limit; so to meet the situation, a plan was devised with four ward units of twenty-seven beds each per floor, a pair of units to the north and another pair to the south. The nursing stations of each pair were directly across the main corridor from each other. The single rooms of each station were on the same corridor, thus allowing them to be used in common by both wards.

The arrangement, finally adopted and built at an approximate cost of \$1.50 per cubic foot, has several important advantages over any other developed up to this time. It permits the two ward units to be operated as one at certain hours, when and if desired, and makes possible the common use of certain personnel. It is economical of floor space and requires only one tube station, conveyor station, kitchen, flower room, stretcher space, interns' room, and treatment room.

The contract for the high building was let in August 1945, and work started immediately. The working drawings were only half complete, and some confusion was inevitable, but great savings in cost resulted from being able to order and take delivery of considerable material, especially steel, before the rapid rise in postwar prices.

The exterior of the building is of light gray glazed brick, similar to that

of the New York Hospital and the White Building at Massachusetts General. The windows are of the casement type with cast-iron sills. The frame of the building is of structural steel, arc welded. The floor slabs are of reinforced concrete using, in general, rib construction with removable metal forms.

### CEILINGS ACOUSTICALLY TREATED

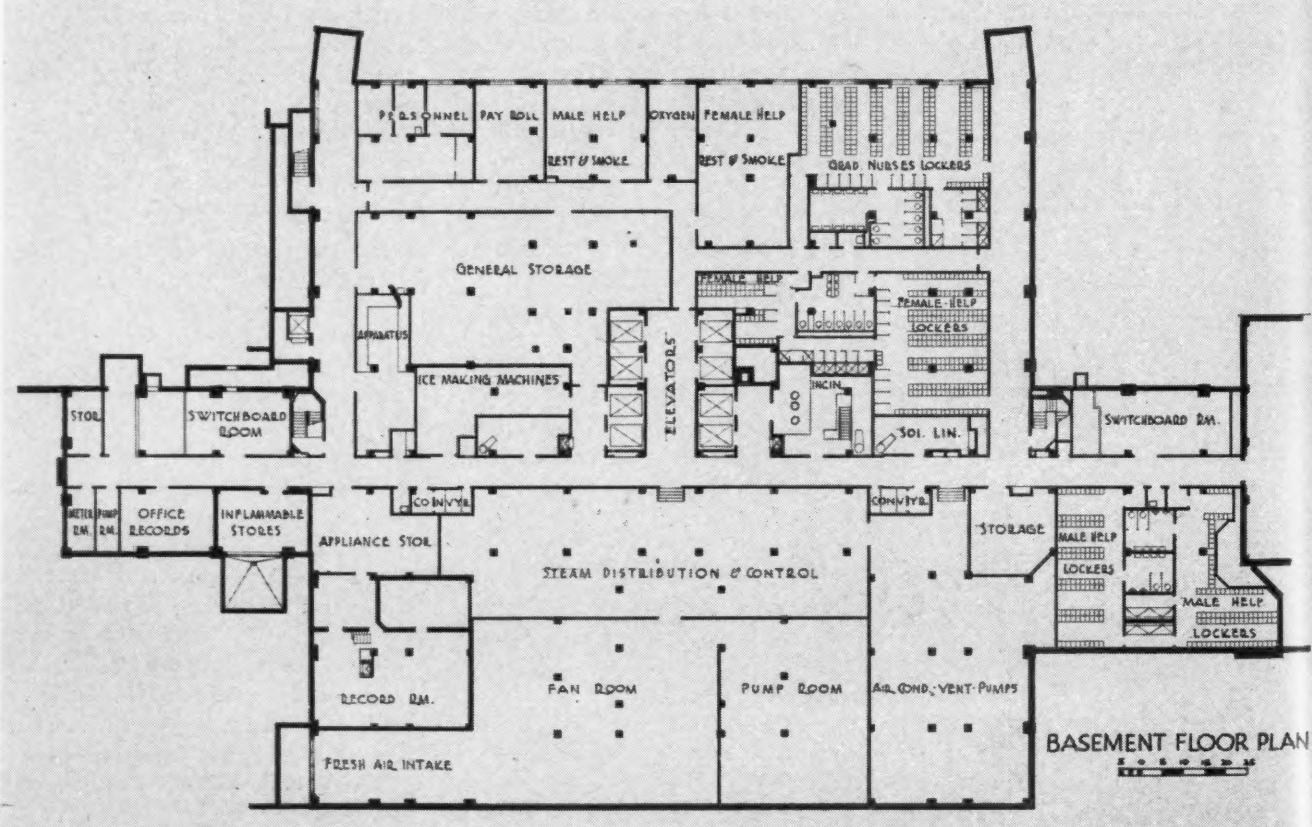
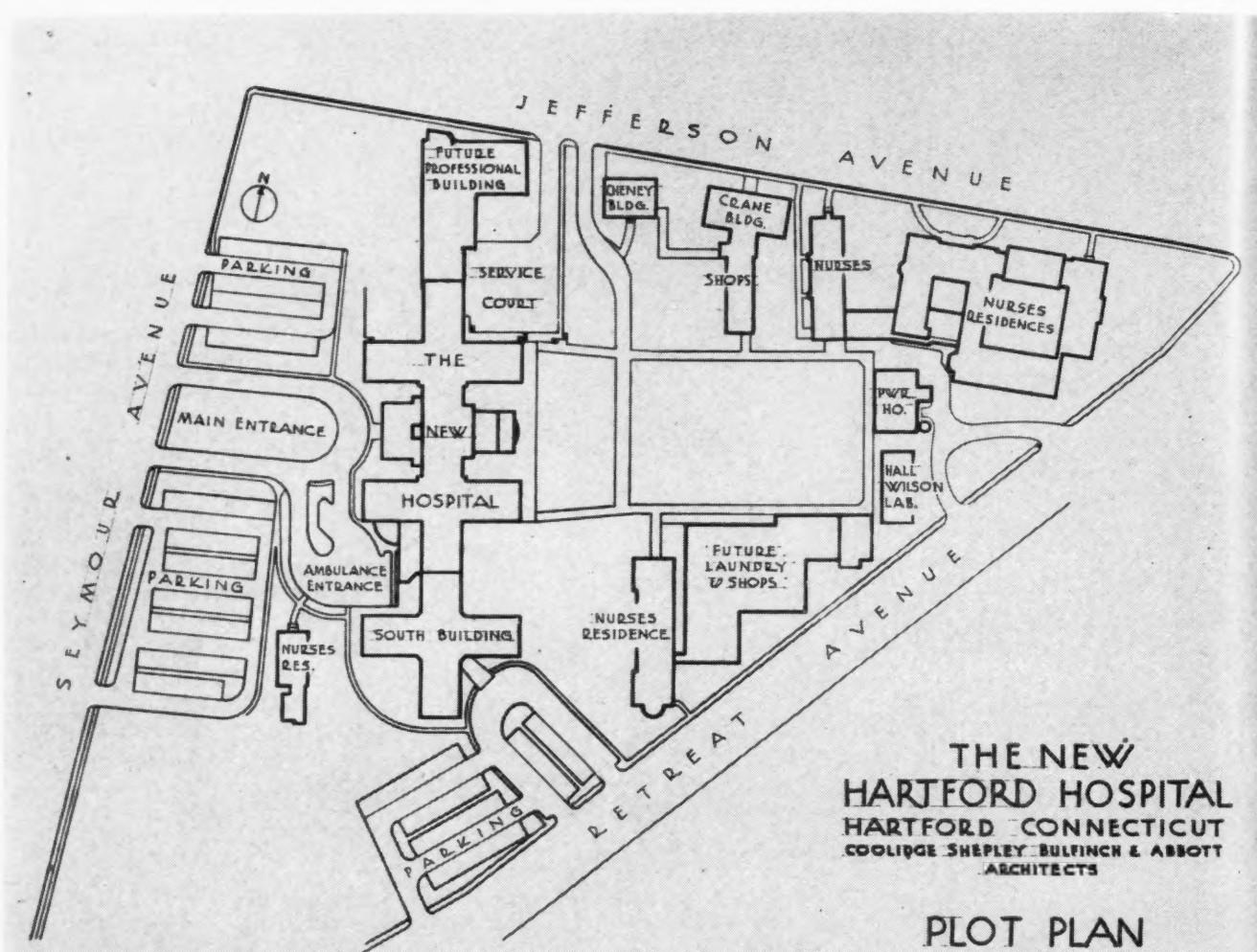
The hung ceilings throughout are of gypsum board supported at 2-foot intervals in the length of the sheets and 1-foot intervals in width, with acoustical material applied to it. In the main kitchen the ceiling surface is enamel painted. A cork type of acoustical material is used in other rooms in which there is much moisture or steam.

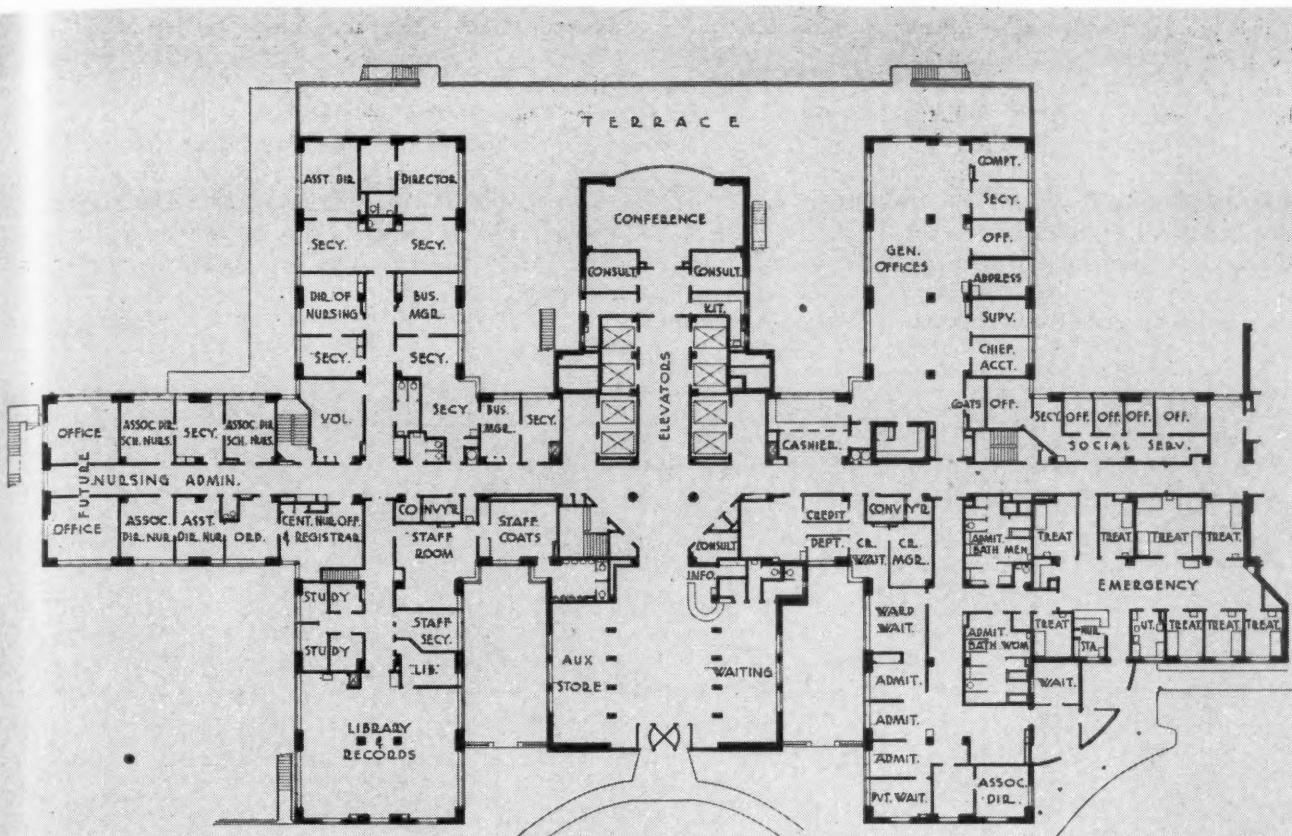
The floors, in general, are linoleum, turned up to form a 6-inch base. Kitchen floors are 6-inch red quarry tile with walls of 5 by 8 inch oyster gray glazed terra cotta. Utility and treatment rooms have 1-inch square gray-green ceramic floors and walls. Operating room floors are black conductive linoleum, and the walls are 4 1/4-inch square gray-green matt glazed tile 6 feet high.

Door bucks are flush steel with 6-inch stainless plinths. Doors are flush veneer birch or mahogany. Corridors have 4-foot 6-inch linoleum dados flush with the plaster. Most of the plaster walls are covered with washable fabric.

The basement is devoted to mechanical equipment, storage of flammable materials, and areas related to personnel: employes' entrance, time clocks, personnel and pay roll offices, lockers and restrooms.

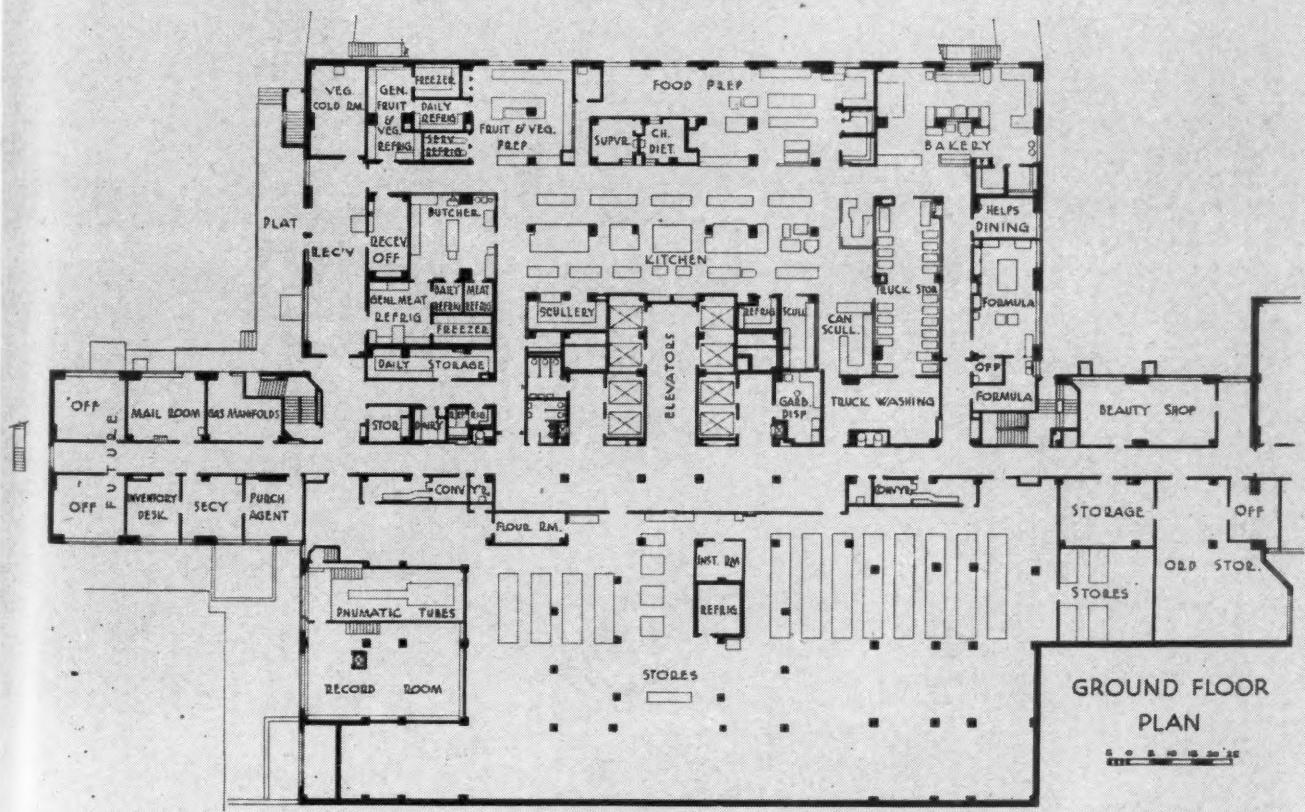
(Continued on Page 56.)





THE NEW  
HARTFORD HOSPITAL  
HARTFORD CONNECTICUT  
COOLIDGE SHIPLEY BULFINCH & ABBOTT  
ARCHITECTS

## FIRST FLOOR PLAN



The ground floor comprises chiefly the main kitchen and appurtenances, including the baby formula room and the large central storeroom, both subject to delivery of supplies direct from the receiving platform on this level. A close relationship has been achieved among the purchasing agent, the receiving department, general stores and the main kitchen. Other services are the mail room, undertakers' entrance,

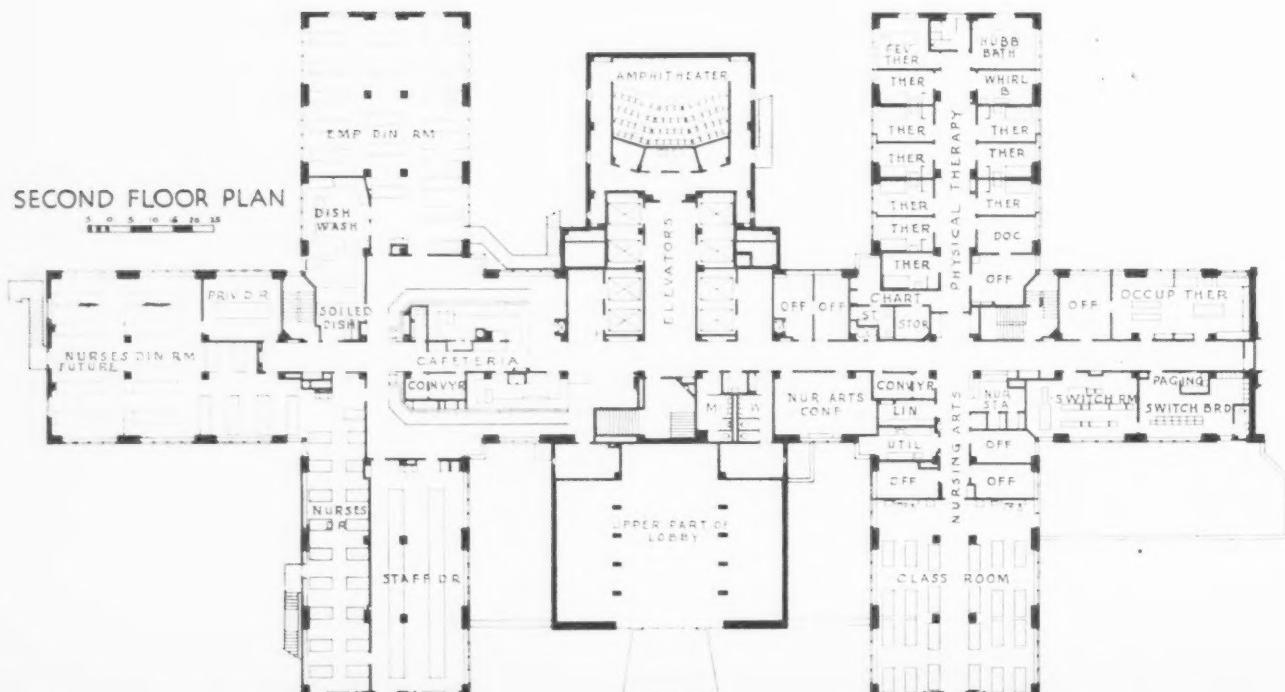
central appliance room, and house-keeping offices.

The north half of the first floor comprises the administration and medical staff offices adjacent to medical records. Directly beneath the last named are three levels for record storage serviced by a dumbwaiter and intercommunicating system and connected to the central pneumatic tube station. The south half is the admit-

ting and emergency department with combined control of these entrances, social service, business and credit offices.

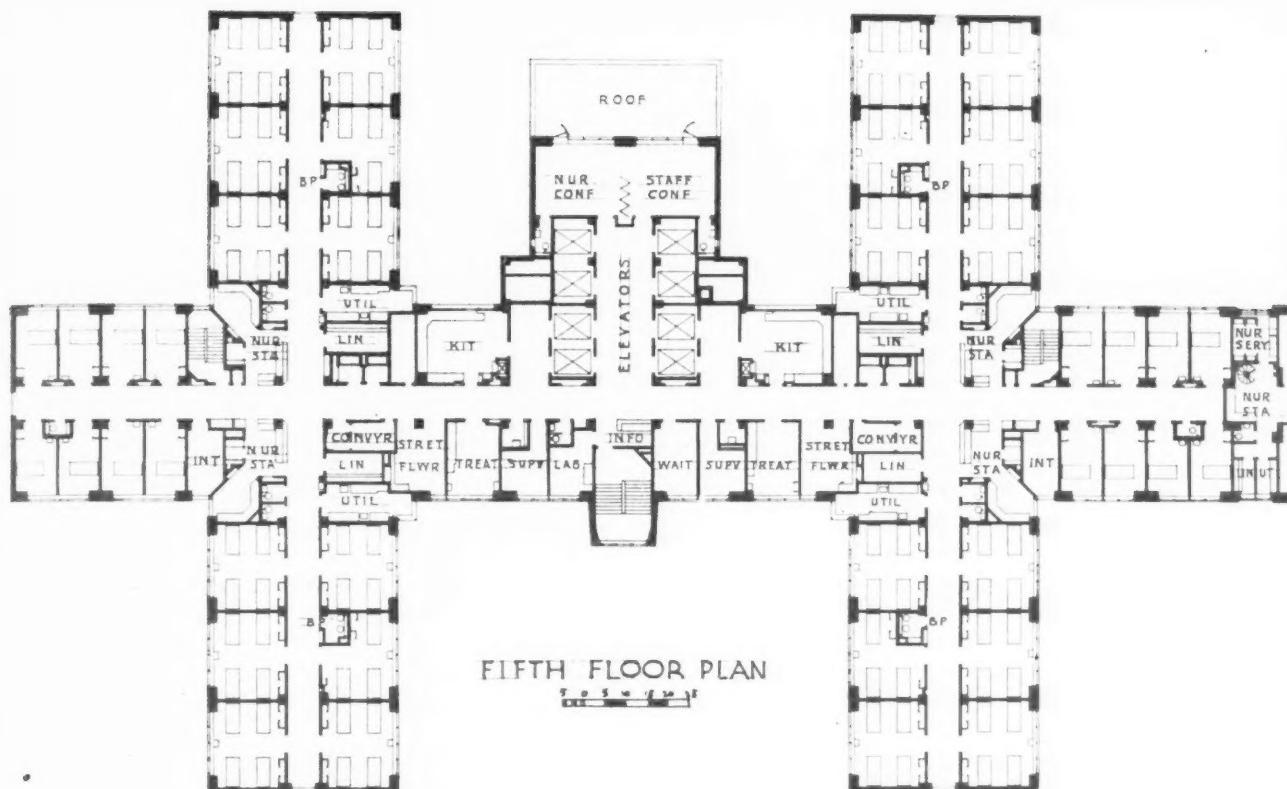
On the second floor an item of special interest in the nursing arts area is the duplication for teaching purposes of all mechanical and electrical equipment used in a patients' area by nursing personnel.

The third and fourth floors repre-

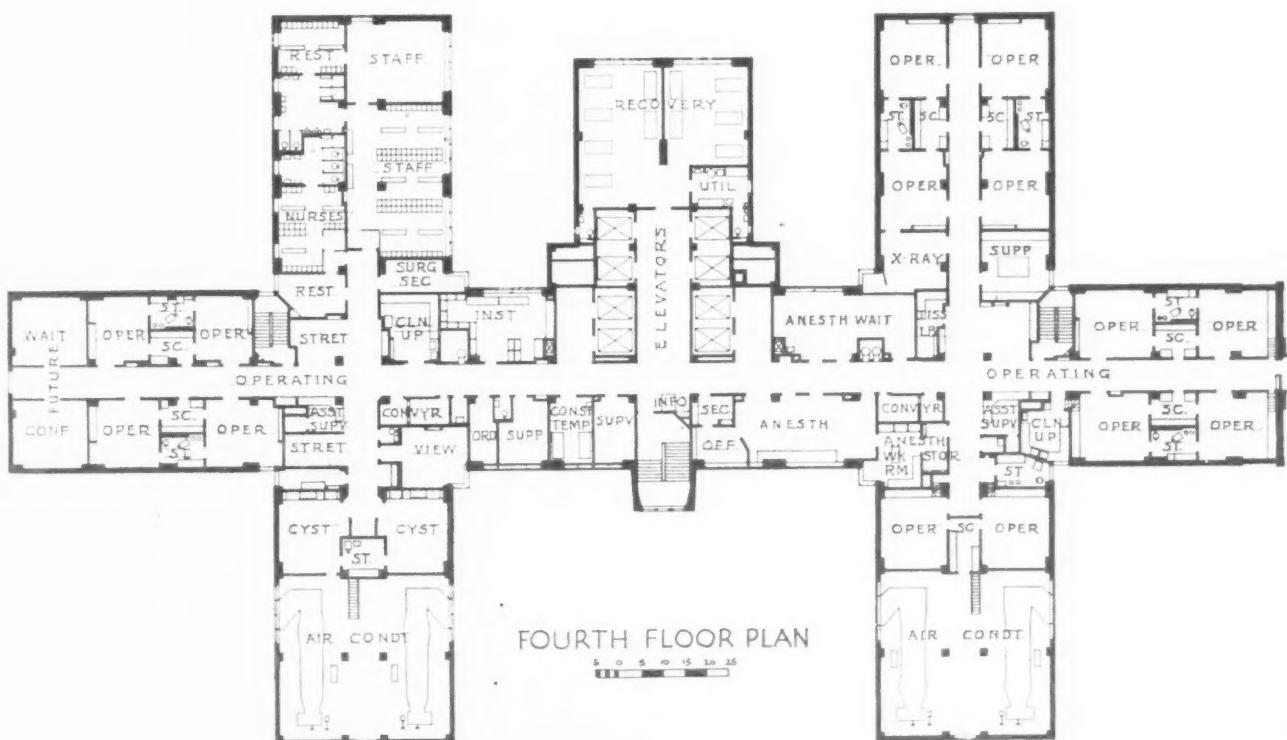


t with  
rances,  
credit

of spe-  
area is  
rposes  
equip-  
nurs-  
repre-



FIFTH FLOOR PLAN



FOURTH FLOOR PLAN

sent, we believe, a unique feature in the close association of surgery, pathological laboratory, radiology, offices of the educational director of the resident medical staff, the auditorium—all major elements of an actively functioning teaching program.

The ward floors have been commented on previously. Of the private

A special feature of the second floor plan (opposite page) is the duplication in the nursing arts area of all mechanical and electrical equipment used in a patients' area by nursing personnel. On the third and fourth floors are all the major elements needed for an actively functioning teaching program.

floors, the tenth has the de luxe rooms and gives onto the open roof of the ninth floor. The eleventh floor is all small private rooms. The twelfth contains isolation and psychiatry units.

Uniformity of patients' areas and flexibility of rooms are the keynotes of the plan. Nursing units are set up on the basis of maximum nursing effi-



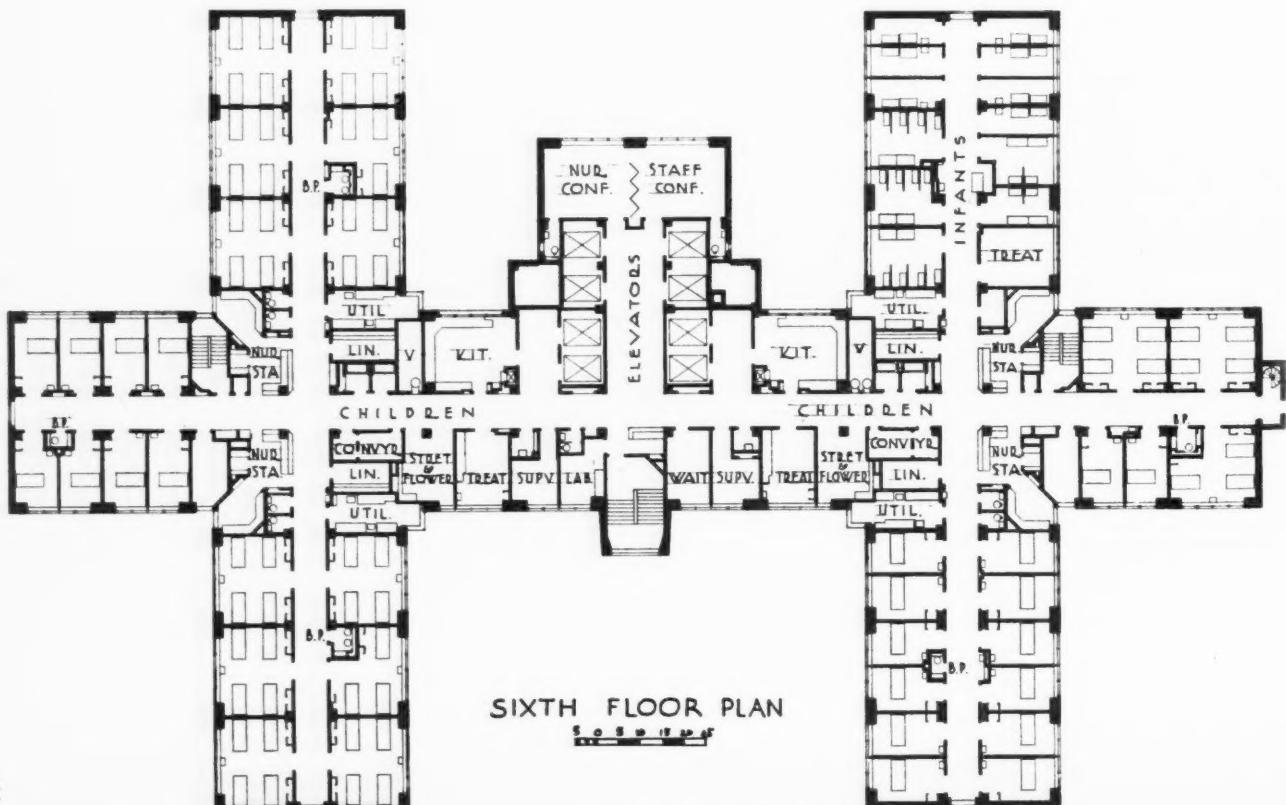
ciency and patient comfort. Walking distances are short; subutility rooms are located in the patients' area; functional emphasis is placed on delivery points of service facilities.

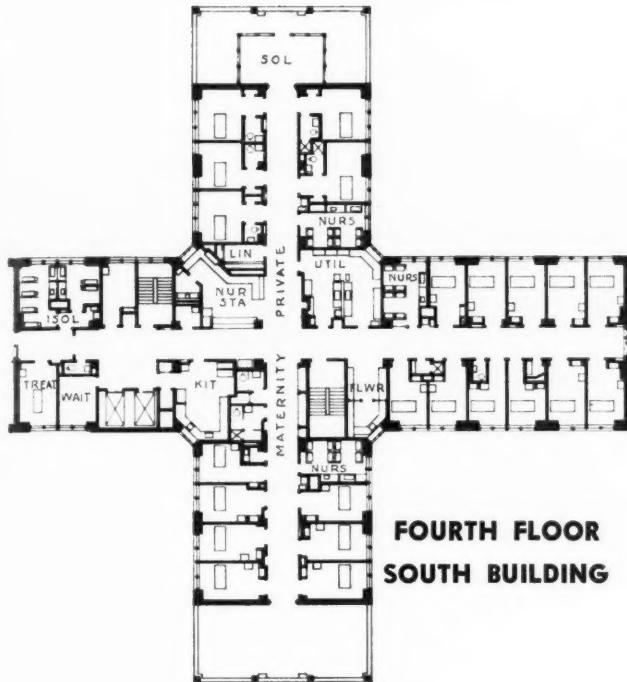
Four-bed units with sufficient toilet and bath facilities allow for mixing male and female patients, ward and semiprivate; oxygen and suction are piped to 43 per cent of all beds, including every single-bed room. Radio outlets are provided at most of the

Ward floors, such as the children's floor (below) and the fifth floor (page 57), are designed with four units each per floor. The entire thirteenth floor is occupied by the central surgical supply service, pharmacy and solution manufacturing division. On the opposite page are shown the fourth and fifth floors of the South Building, which house the maternity division and delivery rooms.

beds. Medicine closets have facilities for the refrigeration of medicines. All supplies except food, linens and larger store items are delivered automatically to the floor. Roof areas are properly surfaced for use of patients.

An integral part of the patients' floor activity is the decentralized food service consisting of bulk deliveries to the floor kitchens in electrically heated food trucks. These are pre-heated in the south end of the main





cilities  
es. All  
larger  
tically  
properly

tients'  
food  
veries  
rically  
pre-  
main

kitchen, travel in a straight line picking up food at nine serving counters and thence to the service elevators.

The elevators are arranged in three groups: The central group of four is primarily for visitors, and the two groups of two elevators on separate corridors are primarily for service and patients. These run 500 feet per minute. The cabs are stainless metal as are the doors and door bucks on the first floor.

The thirteenth floor represents a new departure in hospital planning. Solution manufacture, central surgical supply, and pharmacy occupy this whole area. They supply all floors of the hospital by two vertical continuous conveyors. These are located at the north and south corridor crossings opposite the pairs of nurses' stations and can be loaded and automatically unloaded at each floor. These conveyors terminate in the main storeroom at the basement floor so that small stores can be sent from there to the nursing stations. The large bulk of operating room supplies is sent by elevator.

The heating is by low pressure steam, zone controlled with orifice distribution, using exposed radiators generally. Besides the usual amount of mechanical exhaust ventilation, air conditioning is installed in the main kitchen, the operating floor, and, by individual room conditioners, in certain x-ray and fluoroscopy rooms. The cooling is accomplished by a 200-ton centrifugal refrigerating machine us-

ing well water for condensing. This well water is first passed through cooling coils which supply air to the kitchen and main apparatus room in the basement before entering the condenser of the centrifugal machine. The entire heating and air conditioning system is fully automatically controlled.

For the operating suite, the equipment is divided into two parts in apparatus rooms at the ends of the two west wings of the operating floor. Each of these rooms has two units and takes eight operating rooms, and the equipment in each room is cross-connected so that, in case of a breakdown of either unit, the other can take over and operate at two-thirds the capacity of the two.

The electrical distribution system for the entire hospital plant has been redesigned with two 11,000-volt feeders entering the substation adjoining the future shop building at the east. The 11,000 volts are distributed to four substations, two of which are in the basement of the new building. There they are transformed to a three-phase, four-wire system of from 125 to 215 volts.

Each of these two transformer rooms has dual transformer and switching equipment.

A 500 K.V.A. diesel driven standby unit has been installed in the substation. This is put into operation automatically on failure of current from the incoming 11,000-volt service. The standby unit will operate all the es-

sential lighting in the hospital and a part of all the essential services, including one elevator in the high building and one located in the South Building.

The lighting is mostly incandescent with fluorescent used in the operating rooms, behind large plastic ceiling panels. The call system at the patient's bedside is the standard push cord, and, in addition, there is a two-way microphone loud-speaker between the nurses' station and the patient. The paging system is by loud-speaker from the telephone switchboard.

Strict measures have been taken toward fire prevention. There is a 6 inch standpipe adjacent to each of the three main stairways with hose reels at each floor. Sprinklers are provided on the basement, ground and thirteenth floors. These are tied in with the fire alarm system. Yard hydrant and steamer connections outside the building supplement the sprinklers and the standpipes within the building. Smoke detectors have been installed in the main fresh air intake and in the main exhaust. Metal clad smoke doors have been installed on each floor just before it enters the cross corridors to the north and south. All surgical operating areas meet the code specifications of the National Fire Protection Association for use of combustible anesthetics. A complete fire alarm system has been installed and directly connected to the central Hartford fire station.

## HARTFORD HOSPITAL

# EXPANDED MEDICAL PROGRAM—I

### Staff Organization and Development

**HARTWELL G. THOMPSON, M.D.**

Chairman

Executive Committee of the Staff

**LOUIS F. MIDDLEBROOK JR., M.D.**

Chairman

Clinic Committee

FROM its early days until 1938, the medical and surgical staff of Hartford Hospital was relatively small, and its organization had not developed to any great extent. The offices of president, vice president and secretary were held by senior members of the visiting staff. The visiting staff, or chiefs of services, conducted the business of the staff and controlled what relationship there was among the staff, the hospital administration, and the board of directors. Occasional meetings were held, and at some of these meetings scientific papers, usually of a clinical nature, were read; officers were elected annually, and there were only a few committees.

#### VOTING STAFF ESTABLISHED

In 1938, a fairly extensive reorganization of the staff was begun, and carefully drawn by-laws were adopted. The staff was organized along much broader lines at this time, with the most significant change being the establishment of a voting staff, thus enfranchising the rapidly increasing group of associate and assistant, or junior staff, members, and affording well trained younger men an opportunity to take a more active interest in hospital affairs. With this change came the beginnings of an educational plan, and the clinical and educational program was separated from the regular staff meetings. The development of the various clinics, departmental death reviews, lectures and conferences is dealt with elsewhere.

During the last ten years, the growth of the staff has kept pace with the rapid increase in the growth

of the hospital. Today there are 136 members of the active staff, including nine on inactive status, and there are thirty on the consulting staff. The present organization consists of a consulting staff, an active staff, and a courtesy staff.

The consulting staff is made up of older staff members who have retired from active staff duty and certain other physicians who have attained prominence in their special fields. A recent change allows for assignment of older members to an inactive status at or before the retirement age of 63, rather than to the consulting staff. These members continue their interest in staff and hospital affairs but no longer vote or participate actively in the care of ward patients or in departmental affairs.

The active staff is divided into the visiting staff and the voting staff. The visiting staff is composed of the chiefs of services, or visiting physicians and surgeons, as distinguished from associates and assistants. There are thirty-nine physicians in visiting status at present, nine of whom are on inactive status. As the senior staff, they meet separately and act upon matters of personnel, submit nominations to the board of directors for appointment of the members of the staff annually, and recommend approval of courtesy staff privileges. They also act upon revision of the by-laws and upon matters of discipline.

The gradations of rank on the active staff from the top down are:

visiting, associate, assistant visiting, and clinical assistant. The voting staff includes the visiting, associate and assistant staff members. Clinical assistants are not included on the voting staff. "The voting staff shall have the right to make final decisions for the medical and surgical staff on all matters except those specified" under visiting staff duties.

In addition to the consulting and active staffs, 418 physicians hold courtesy privileges in medicine and the various specialties and form the hospital's courtesy staff. The organization of the resident and intern staff is described elsewhere.

#### EXPECTED TO SEEK ADVICE

All staff members are held directly responsible to the board of directors and to the visiting staff for the ethical and adequate treatment of patients and are expected to seek proper consultative advice in all cases for which the staff member is inadequately trained to perform a necessary diagnostic or therapeutic procedure. Properly qualified and licensed physicians meeting the requirements of medical ethics are granted medical courtesy privileges, but appointment to the active or courtesy staff in the specialties is granted only to those who are qualified by either board certification or its equivalent.

The chief anesthesiologist and pathologist, as well as the director of medical education and the clinic director, are full-time salaried members of the staff. All others are non-salaried, work on a part-time basis, and are engaged in private practice. Although the membership represents a high degree of specialization, there

is also an ample and very able group of general practitioners on the active staff. These men perform a valuable service in linking the institution to the smaller surrounding communities that make up the Greater Hartford area.

Participation in staff affairs by the active staff is varied and widespread, being organized by means of the following standing committees: executive committee, joint advisory committee, conference committee, committee on graduate medicine, clinic committee, committee on patient care, tumor committee, medical records committee, nominating committee, and therapeutics committee. In addition, special committees are appointed as necessary, there being a building committee, professional building committee, and chest group committee at present. With the exception of the executive, conference and nominating committees, the membership of these committees may be expanded by the appointment of adjunct members.

The executive committee is the most active and most important one. It meets every two weeks throughout the year and, in large part, carries on the business of the staff, acting on matters referred by the voting and visiting staffs. It is comprised of nine members, at least seven of whom must be elected from

the visiting staff. Two members may be elected from the associate and assistant staffs.

The president, vice president, and secretary of the staff are members of this committee. Elections to the committee are staggered, two members being elected each year for a term of three years. This committee by majority vote makes "recommendations on all nominations for staff membership," "acts as a nominating committee" for nominations to other committees and their chairmen, and, "in its discretion as to the immediacy of required action, may between meetings exercise the power of the voting staff on matters other than those expressly reserved by by-law to the voting staff."

The committee on graduate medicine interviews applicants and makes appointments to the intern staff and is at present occupied with the development of a residency training program for the various staff departments. A joint advisory committee of three members serves with a similar group of three from the board of directors and the director of the hospital, forming a valuable liaison between the staff and the board.

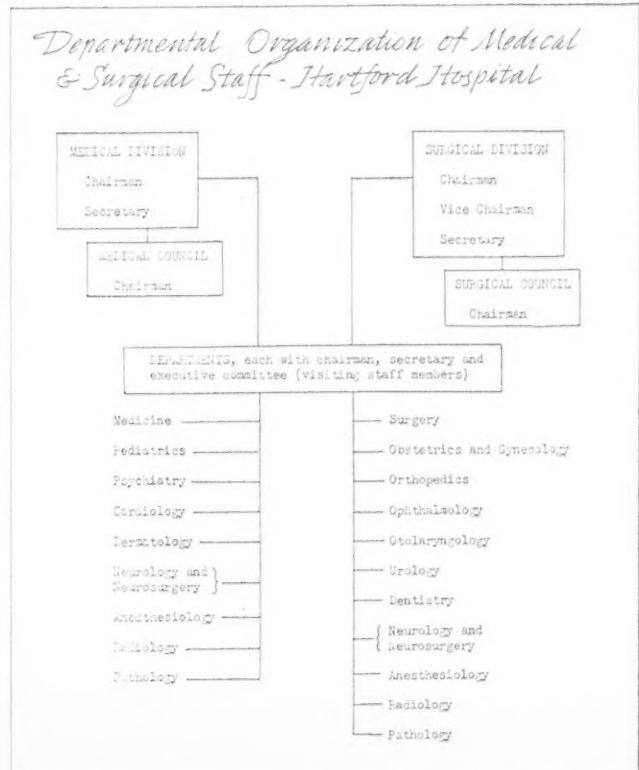
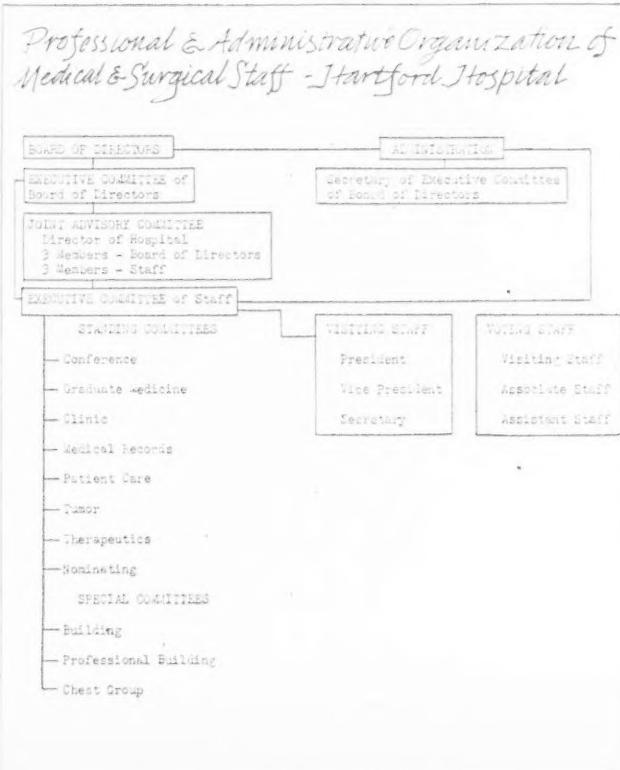
Further organization of the staff, more directly concerning its actual professional duties, is by means of its separation into a medical and surgical division and by the separate

organization of each specialty department.

The medical division is made up of the departments of medicine, pediatrics, psychiatry, cardiology, dermatology, neurology and neurosurgery, anesthesiology, radiology and pathology. The division is governed by a chairman, secretary and council, elected annually.

The surgical division is formed by the departments of surgery, obstetrics and gynecology, orthopedics, ophthalmology, otolaryngology, urology, dentistry, neurology and neurosurgery, anesthesiology, radiology and pathology. This group is governed by a chairman, vice chairman, secretary and council, also elected annually. Operating room problems and other affairs relating to the surgical specialty departments are handled for the most part by the surgical council, the division itself meeting only on rare occasions.

Each of the specialty departments has its own chairman and secretary and its own executive committee. Periodic meetings are held for the purpose of formulating departmental policies, deciding matters of personnel, and delegation of routine duties and special assignments, with annual meetings being held for the election of officers. The chairman of each department submits a written report to the staff annually.



There have been limited outpatient facilities at the hospital for many years. Until recent years, however, these were constituted for the most part of prenatal, prenatal cardiac, postnatal, gynecological follow-up, and tumor clinics. With the construction of the first unit of the new hospital, known as the South Building, space on the ground and first floors was planned for the development of outpatient facilities. This much needed expansion was materially retarded by the war, but at the present time a small diagnostic clinic, toxemia of pregnancy clinic, diabetes in pregnancy clinic, diabetic clinic, and clinics in ophthalmology, gastro-enterology, cardiology, chest diseases, otolaryngology, psychoso-

matic medicine, arthritis and neurology and neurosurgery are in operation for ward-level patients, in addition to the previously mentioned clinics.

The tumor clinic is subdivided as follows: breast, gastro-intestinal, medical, surgical, genito-urological, otolaryngological and radiological (primarily for malignant tumors of the mouth and skin). The hospital also maintains an employes' clinic and provides space for a poliomyelitis clinic which is conducted under the National Foundation for Infantile Paralysis.

Plans for the establishment of more clinics, enlargement of those already existing, and the inauguration of a semiprivate diagnostic clin-

ic are nearing completion. Further reorganization of the staff is planned for the operation of this expanded outpatient program, the full realization of which is expected to develop rapidly with the completion of the building program.

The growth of the staff and the development of its organization, although rapid and in constant mutation, have resulted in the formation of a remarkably efficient group which is constantly becoming better united in its functioning and understanding with the equally well organized board of directors, administration and school of nursing. This has resulted in an ever improving medical service to the people of the community.

## HARTFORD HOSPITAL

# EXPANDED MEDICAL PROGRAM—II

### Education for the Staff

**JOHN C. LEONARD, M.D.**

Director of Education

**G. GARDINER RUSSELL, M.D.**

Chairman, Committee on Graduate Medicine

FOR many years Hartford Hospital has been noted for its two-year rotating internships. Since interns first served in the hospital in 1866, approximately 500 men have been graduated from this service and are practicing general medicine, largely in New England, or have become active in one of the specialty practices.

When World War II began there were twenty-four interns serving in Hartford Hospital. In the dark days of 1943, the severe need of the military forces for more medical men reduced this number to twelve interns for a 750-bed hospital. It was obvious to staff and administration alike that it would be impossible to provide adequate care on the house staff level with such reduced numbers. The only alternative at that time was the govern-

ment 9-9-9 plan, which allowed a small number of men to remain for an additional nine-month period of training and a still smaller number for an additional period of nine months, provided that the hospital had a residency program. In this manner our first residency program was born as a wartime emergency.

After the war two important factors brought about the retention of a residency system superimposed upon the structure of a two-year internship. These were as follows:

1. The need of former interns for further hospital training at the end of the war was obvious. Many of these young men had been subjected to the unsatisfactory, rushed, compressed system which restricted their hospital training to a nine-month period fol-

lowing graduation. They were keenly aware of the inadequacy of their training and wished to return for either a short period, e.g. one year, of training before entering the general practice of medicine, or a prolonged hospital training period in preparation for the practice of a specialty.

2. The hospital administration and a majority of the medical staff had become convinced of the value of a residency system for the hospital, even with the rushed 9-9-9 plan. So many obvious advantages for improved patient care, and for teaching, had accrued as a result of the trial period of wartime residency training that the staff and the hospital were loath to relinquish this obvious improvement.

In view of the fact that we were all unwilling to give up the training of

family doctors, the so-called "Albany plan" of house staff training was chosen. The former two-year rotating system, in which there were always twelve junior interns and twelve senior interns with a duplication of rotation through all the hospital services, was changed so that the newly graduated junior interns rotated through the various departments of the hospital in their first year with major attention given to medicine and surgery and shorter periods of one month spent in the medical and surgical subspecialties.

At the beginning of the second year of internship the men were divided into equal groups of six each for a period of one-year rotation through either medicine or surgery. This system also made it possible for the intern to use his second year toward specialty board training if he should decide to train for a specialty rather than to enter general practice. It was obvious that a member of either group was well qualified to perform the family practice of medicine at the end of the two-year training period if he should so desire or if he was forced to do so by the pressure of economic circumstances.

#### RESIDENCY SYSTEM FORMED

Upon the second year foundation a residency system was formed with eight men on a two-year assistant resident level in surgery and four men on this level in medicine. The medical assistant resident group was rotated for three months each through the male and female medical wards, the tuberculosis service at Uncas-on-Thames, and pathology. At the end of the assistant resident year in medicine, two men are chosen as senior residents for a period of one year with rotation through the inpatient consultation service, the specialty clinics, and the O.P.D. diagnostic and follow-up clinics. These men are also given responsibility in the house staff Journal Club, nursing school lectures, and as assistants in the training of the house staff members.

The surgical residency training period is obviously longer than the medical residency training period. The first and second year assistant resident group rotates through the male and female surgical services, anesthesia, urology, orthopedics, gynecology and pathology. In competition with his colleagues the resident is thereafter offered a twelve-month period of training in cancer at the Memorial Hospital

### EDUCATIONAL PROGRAM HARTFORD HOSPITAL—1948

#### MONDAY

- 9-11 a.m. Bedside Teaching Rounds—Medicine
- 12-1 p.m. Neurology-Neurosurgery (Alternate Weeks)
- 12-1 p.m. Psychosomatic Medicine (Alternate Weeks)
- 5-6 p.m. Bedside Teaching Rounds—Surgery
- 5-6 p.m. Hartford Medical Society Guest Speaker (First Monday of Month)
- 7 p.m. Obstetrics and Gynecology Journal Club (Fourth Monday of Month)
- 8 p.m. Department of Surgery Report of Services and Death Review (Fourth Monday of Month)

#### TUESDAY

- 9-11 a.m. Bedside Teaching Rounds—Medicine
- 12-1 p.m. Medical Clinic
- 1:30-2:30 p.m. Gross Pathology Teaching Conference
- 3-4:30 p.m. Anesthesia Conference
- 5-6 p.m. Bedside Teaching Rounds—Surgery

#### WEDNESDAY

- 8-9 a.m. E.N.T. Rounds and Conference
- 9-11 a.m. Bedside Teaching Rounds—Medicine
- 12-1 p.m. Chest Conference
- 4-5 p.m. Dermatology Rounds
- 5-6 p.m. House Staff Journal Club

#### THURSDAY

- 9-11 a.m. Bedside Teaching Rounds—Medicine
- 12-1 p.m. Medical Death Review
- 12-1 p.m. Pediatrics Conference (Second Thursday of Month)
- 4-6 p.m. Pathology Conference—Microscopic

#### FRIDAY

- 9-11 a.m. Bedside Teaching Rounds—Medicine
- 12-1 p.m. Tumor Clinic
- 1:30-2:30 p.m. Gross Pathology Teaching Conference
- 3-4:30 p.m. Anesthesia Conference
- 5-6 p.m. Bedside Teaching Rounds—Surgery

#### SATURDAY

- 9-10 a.m. Surgical Clinic
- 10-11 a.m. Hartford Hospital Guest Speaker
- 11-12 noon Obstetrics and Gynecology Pathological Conference (Alternate Weeks)
- 11-12 noon Radiology Conference (Alternate Weeks)
- 11-12 noon Neurology-Neurosurgery Conference
- 11-12 noon Neuropathology Conference (First Saturday of Month)
- 11:15 a.m. Obstetrics and Gynecology Conference (Alternate Weeks)  
Death Review Once Each Month

in New York City. He then returns and serves a one-year residency in private surgery followed by a one-year residency in ward surgery.

No hospital training is adequate or complete without an outpatient department in which ambulatory patients can be seen and in which hospital patients can be followed through convalescence to their cure or through rehabilitation to adjustment to their new mode of living. Our formal O.P.D. and diagnostic clinic, initiated in 1942, has already grown to 12,000 visits per year and is growing rapidly in the more nearly adequate care of patients and complete training of our house staff and young physicians in the care of the medical community.

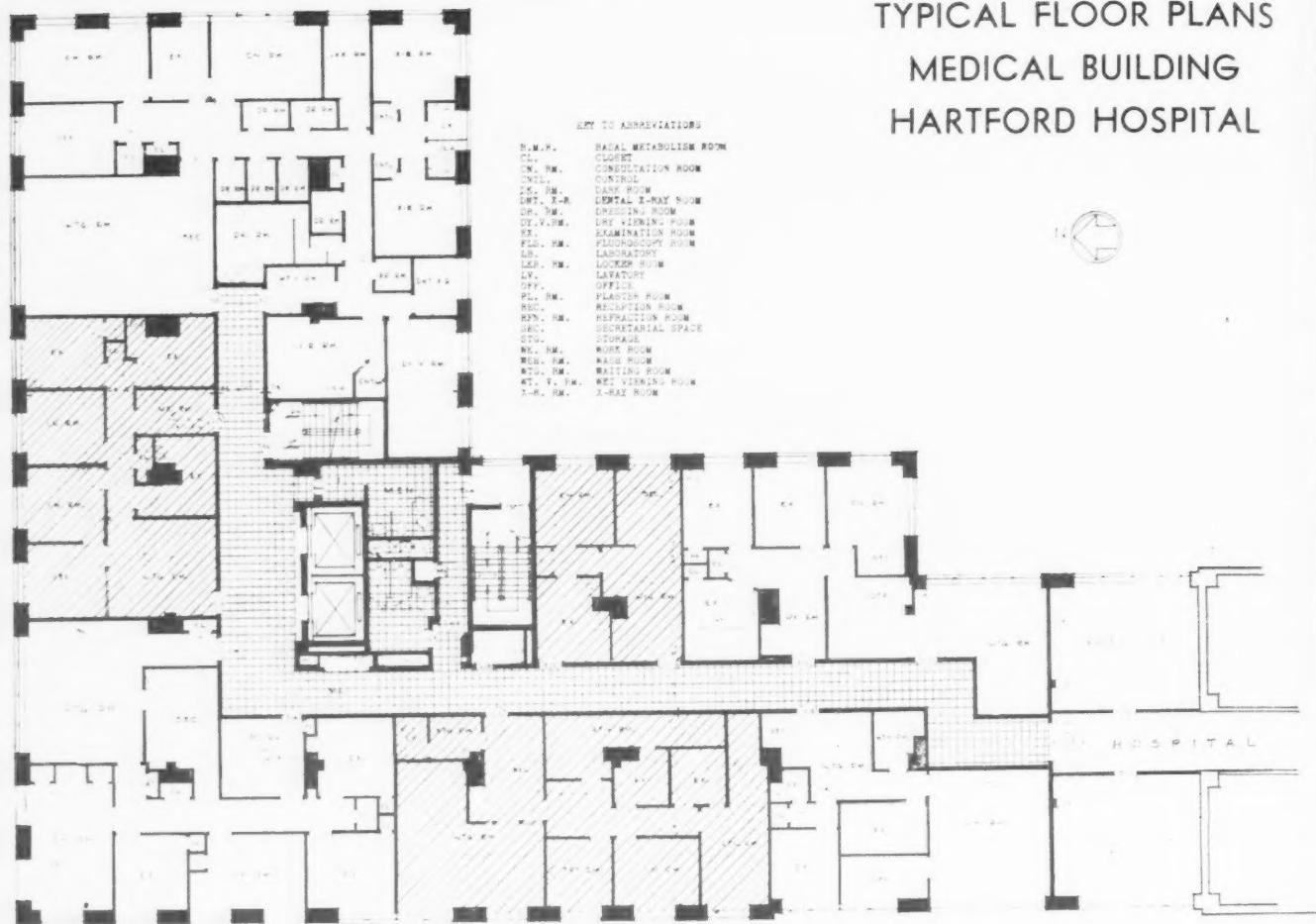
#### PROUD OF PROGRESS

Our intern-residency program is new and is having the usual "growing pains" of growth and readjustment. We are proud of the progress made in the short time thus far spent in our new program. In the prewar period Hartford Hospital had accepted residencies in anesthesiology, pathology and radiology. During the war a residency was approved in neurosurgery. Since the war residencies have been approved in general surgery, general medicine, and orthopedic surgery; temporary approval has been granted for residencies in pediatrics and in obstetrics and gynecology.

We are listing our more formal clinics and teaching ward rounds. All of these were started as a method whereby the medical educational needs of the house staff could be met. It soon became obvious that they were being well attended also by the members of the hospital staff, and now they are well attended by many physicians of Greater Hartford and also by physicians from surrounding rural Connecticut.

Formal clinic attendance ranges from fifty to 115 physicians. Thus we feel that we are performing an additional postgraduate service for the physicians of this area. Many visiting physicians have commented upon the fact that we have a "teaching hospital" despite the fact that we are not a "university hospital." We quote briefly from a letter recently written by a nationally known physician and teacher: "I am of the opinion that the Hartford Hospital educational program will bear comparison with that at any university hospital with which I am familiar."

TYPICAL FLOOR PLANS  
MEDICAL BUILDING  
HARTFORD HOSPITAL



THIRD  
FLOOR  
PLAN



FIFTH  
FLOOR  
PLAN

**HARTFORD HOSPITAL****THE MEDICAL BUILDING****THATCHER W. WORTHEN, M.D.**

Chairman  
Medical Building Committee

**MOORE AND SALSBURY**

Architects  
West Hartford, Conn.



Architect's rendering of the new Medical Building which will house approximately ninety staff members.

THE story of the development of the Medical Building of Hartford Hospital Medical Center is reaching its final chapters. The building is to be constructed in juxtaposition to the new hospital on its north side, three out of the first four floors being connected with it, and will afford office space for approximately ninety members of the hospital staff.

Fifteen years ago thought began to germinate in terms of the possibility of an office building in close proximity to the hospital. At that time the advantages were looked upon as being largely those of better emergency service to patients and convenience to the occupants.

**THEN THE ROOTS TOOK HOLD**

The roots of this thought did not begin to take hold substantially until eight years ago, and during the war years comparatively little growth of the idea took place. Nevertheless, steady progress was made with staff organization, raising the standards of professional practice, the residency, educational and clinic programs, and with beginning construction of the new Hartford Hospital. It then be-

came evident that the original advantages had been expanded in many ways.

One of the most tangible benefits will be the saving of several thousand hours in transportation time by ninety members of the staff in a working year. Obviously, this additional time can be devoted to improving the character of ward rounds and to the more satisfactory functioning of clinics.

It is confidently expected, also, that operating schedules and office hours can be arranged with mutual benefits. Afternoon operating schedules will go far toward relieving the severe morning congestion in the various rooms, and morning office hours will be a convenience for surgeons and for patients.

It is true that primarily surgery and the surgical specialties have the greatest representation in the Medical Building, but internists, in contradistinction to those physicians with large community practices, radiologists and a few other specialists will find the location an asset.

With the acquisition of this important unit, it is visualized that the resulting centralization of all personnel

with every facility for diagnosis and treatment of patients will convert the Hartford Hospital into the Hartford Hospital Medical Center with resulting benefits to patients, community, hospital and staff. This, therefore, became the objective.

**OPPORTUNE TIME REACHED**

As staff members began to return from service, it became apparent that the opportune time had been reached for the active promotion of this project. It was exceedingly difficult to rent office space, and it became necessary for individuals to consider the formation of small groups and to purchase buildings to be converted into offices. The accomplishment of our objective might be postponed several years unless prompt action were taken.

The staff undertook the initiative, and after full consideration of the various alternatives for financing the project, its representatives approached the Connecticut Mutual Life Insurance Company. A complete agreement was soon reached among its officers, the board of directors, the administration of the hospital, and the staff concerning the importance of this undertak-



Air view of the new building, showing maternity wing completed in 1942; also showing old buildings on triangular lot. Keily Photograph.

ing. After the most exhaustive investigation, the Connecticut Mutual signified its willingness to finance, construct, manage and rent the building to members of the staff.

#### FIRST FLOOR COMMERCIAL

Through the closest cooperation, the innumerable details involved were gradually worked out by means of conferences and questionnaires prior to the blueprint stage. It was decided that the Medical Building should have eight floors, the first floor being devoted to commercial use. An "L" shaped plan was evolved by the architects with elevators and services grouped at the center and corridors running at right angles to each other. This made possible a direct connection without change of level from building to building on the third and fourth floors. The four floors above the fourth floor are in a simple "L" shape with all windows facing the hospital about 55 feet away. The basement floor of the Medical Building, to be used primarily for storage, will be connected with the hospital basement by a ramp.

The entire treatment of the Medical Building and the materials used will be in harmony with the hospital. The lines are clear cut and severe with an interesting pattern of steel casement fenestration in the plain walls of white brick, and a strong accent at the first floor level provided by a continuous hood over an alternation of display windows and black stone piers. The

main entrance will be protected by a cantilevered marquee, faced with stainless metal.

A modern apothecary shop, a surgical equipment department, a lunchette, flower shop, barber shop, and other services highly useful for the profession will be included. These shops will be accessible from a generously proportioned elevator lobby and also from a public corridor leading through the building to the hospital.

Mechanically, the Medical Building will provide its tenants with every proved convenience, insofar as possible. The two fast gearless synchronized elevators will be manned by operators during the day, and one will be available at night, under push button control.

#### CONTINUOUS FLOW OF AIR

Forced ventilation will introduce fresh air into the main corridor on each floor, and all interior rooms and spaces will be mechanically exhausted through the roof in such a way that there will be a continuous flow of air from outside rooms and through corridor doors to the exhaust system.

Heating will be provided through inconspicuous flush copper convectors, concealed under windows and supplied by a zoned system from steam piped from the hospital's power plant. Gas will be available in the corridor ceiling of each floor, and light and power outlets will be located to suit the ten-

ants. All interior columns will serve as pipe and vent shafts, and plumbing fixtures may be located anywhere they are needed.

Sound control, as well as accessibility of pipes and conduits, will be afforded by a demountable perforated metal pan and mineral wool ceiling system throughout.

#### TENANTS' WISHES CONSULTED

One of the outstanding advantages in the construction of this Medical Building is the opportunity that has been afforded to the prospective tenants to present individual or group requirements in personal conferences with the architects. One of the most important results has been the development of entirely adequate if not spacious offices with a definite saving of floor space.

The Medical Building will contain a laboratory which will be managed as a private enterprise but will be closely affiliated with the hospital pathological department. A telephone exchange service is being promoted also as a private business venture.

In conclusion, it can be confidently stated that the Hartford Hospital Medical Center could not have been brought to its present successful stage of development without the full realization of the importance of this Medical Building to the practice of medicine and surgery by the many essential groups involved in its planning and construction.

## HARTFORD HOSPITAL

# MECHANICAL FEATURES

THIS description of the mechanical features of the new Hartford Hospital is general in scope and nontechnical. It covers briefly the heating, ventilating and air conditioning, the electrical and gas systems, conveyors and pneumatic tubes.

Steam for the high building is generated in a central steam plant and is transmitted at 125 pounds per square inch through the south tunnel to the apparatus room in the basement of the high building. The present transmission line consists of one 8 inch main, but a duplicate is planned to enter the building at a future north tunnel, thus completing a loop from the central steam plant to the high building. The loop will make it possible to provide steam to the building in event of failure of either of the mains.

In the apparatus room the loop is connected at two points to an intermediate pressure steam distribution header through two sets of tandem reducing valves. This header is operated at 65 pounds p.s.i. pressure. From this header steam is supplied to steri-

lizing fixtures, while steam at reduced pressure is supplied to kitchen fixtures, hot water generators, warming closets, indirect heaters in ventilating systems, and the heating system. Separate reducing valves and separate supply mains are used for each of these services.

The secondary header operating at low pressure distributes steam to the heating system, which is divided into four zones according to building exposures. Each heating zone is thermostatically controlled by an exterior heating control and variator panel so as to introduce steam at pressures ranging from 3 ounces to 3 pounds p.s.i. as required to maintain constant temperature in the building. Radiation is the radiant convector type.

The entire fourth floor, which is devoted to operating rooms, is air conditioned with the exception of the

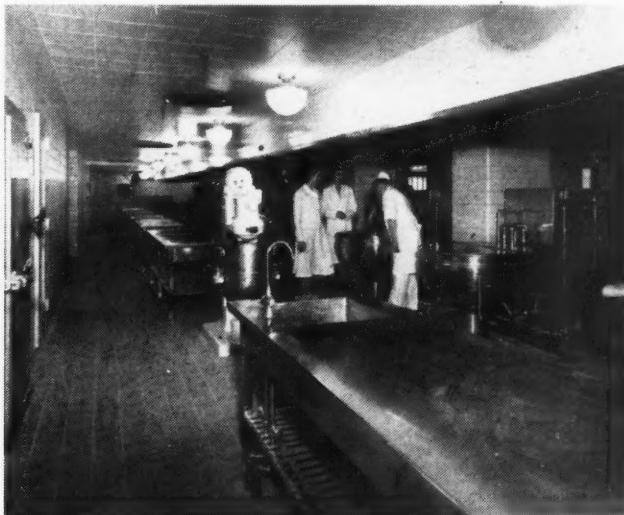
northeast wing, which is used for doctors' and nurses' lockers and showers. The air conditioning system is divided into four zones, each zone being equipped with central station unit consisting of fresh air intake, primary and secondary heaters, humidifier and dehumidifier, air washer, self cleaning mechanical air filter, supply fan, supplementary heaters, sound absorbers, and complete automatic temperature and humidity control.

Two apparatus rooms are provided on the fourth floor, and in each room two central station units are installed. The units are cross-connected so that in case of failure of one unit the other unit can be increased in capacity to provide three-fourths of the total requirements for the two air conditioning zones.

The conditioned air is supplied to the rooms through ceiling diffusers.



Left: Chemistry room in the pathological laboratory. Right: One section of the kitchen, showing pressure cooker (right) and revolving roaster.



The exhaust air from the operating rooms is passed through the sterilizing and scrub rooms to exhaust outlets located in the ceiling. Air passage from the operating rooms to the sterilizing and scrub rooms is through an opening in the lower portion of the door between those rooms; thus the flow of air across the operating room floor aids in dispersing heavier than air anesthetics.

All air supplied to the operating floor is 100 per cent fresh, there being no recirculation. This is important because the operating rooms have no windows and depend entirely on the air conditioning system for fresh air and temperature and humidity control.

The air supplied to the main kitchen on the ground floor and the basement apparatus rooms is cooled approximately ten degrees by utilizing cooling coils through which artesian well water is circulated. After passing through the coils the well water is used for refrigeration condensing.

Other special and interior rooms throughout the building are mechanically ventilated. The entire fourteenth floor of the building is used to house exhaust fans which dispel the used air through a ventilating chamber on the roof.

#### TWO 11 KV. SERVICES

The purchased electrical energy for Hartford Hospital is supplied by the local utility company through two incoming 11 kv. services entering the hospital property from different directions and connecting to four transformer stations, two of which are located in the new high building. At each of four transformer stations the 11 kv. current is transformed to low voltage for the adjacent area.

Duplicate transformers are installed in the two stations in the high building, and tie feeders connect the other stations so that the essential parts of the hospital are protected from interruption of service because of transformer trouble, because if any one transformer fails the others assume the total load. The duplicate 11 kv. feeders connect at each transformer station in such a manner that if one feeder fails the other automatically takes up the load. In the event of the failure of both incoming 11 kv. feeders a 500 kw. diesel generator is so connected that it will automatically start and assume a predetermined emergency load. Thus the maximum protection against current failure is provided.

Electrical energy is distributed through the building in several wire shafts at 125/216 volts, three-phase, four-wire, A.C., from the secondary boards in the transformer stations to panel boards located on each floor. From these panel boards branch circuits feed the various outlets requiring electrical energy.

The nurses' call system is of the microphone-speaker type whereby the patient and nurse can communicate by voice. The usual push button cord is provided for the patient, in addition to the microphone-speaker which is mounted in the wall adjacent to the patient's bed, with the central receiving set located at the nurses' desk. The patient originates a call by pushing a call button which indicates on the central receiving set at the nurses' station. The nurse can hold a two-way conversation with the patient originating the call.

The system also connects to the treatment room, utility room, and kitchen so that requests for service can be relayed to those points from the central station as required. Pilot lights are also incorporated in the system so that a nurse away from the central station is aware of the source of the call by observing lights located in several strategic positions. The microphone-speaker system is indeed a time and energy saver for all personnel and does provide better service for the patient.

Oxygen requirements for the Hartford Hospital are supplied from an oxygen generator located on the premises. The generator produces oxygen which has a purity of 99.5 per cent or higher and which is extremely dry, having a dew point temperature of  $-292^{\circ}$  F. The oxygen leaves the generator as a gas at 2200 pounds p.s.i. and is stored in cylinders located outside the building. From the storage bank the oxygen passes through a pressure reducing valve and into the pipe system at 70 pounds p.s.i. This system is connected to wall outlets at 43 per cent of the beds, all delivery rooms, premature nurseries, and emergency rooms.

Suction is produced by a group of three suction pumps capable of maintaining a preselected range of suction, varying from 15 to 25 inches of mercury. Outlets are provided in special wall boxes with the oxygen outlets and in the same locations. If a suction of lower intensity than that provided in the piped system is required, vacuum regulators are provided that can be at-

tached to the outlet and will limit the suction to any predetermined maximum between 0 and 200 mm. of mercury.

Nitrous oxide is purchased in large cylinders and fed through a manifold at reduced pressure of 70 pounds p.s.i. to a pipe system connected to outlets in all operating, anesthesia and delivery rooms. Oxygen and nitrous oxide enter the operating rooms and anesthesia rooms through outlets in the ceiling. From these outlets are suspended rubber tubes to which special noninterchangeable oxygen and nitrous oxide adapters are connected; these adapters are designed to prevent the accidental intermixing of dissimilar gases.

#### CONVEYOR SYSTEM INSTALLED

There are two vertical shafts rising through the building at locations carefully selected to serve the adjacent areas on each floor. Through these shafts pass the vertical conveyors serving fifteen floors of the building. The conveyors are of the endless chain type and are so designed that they will pick up carriers at any floor and automatically discharge a carrier and its contents at any floor which has been preselected by the sender.

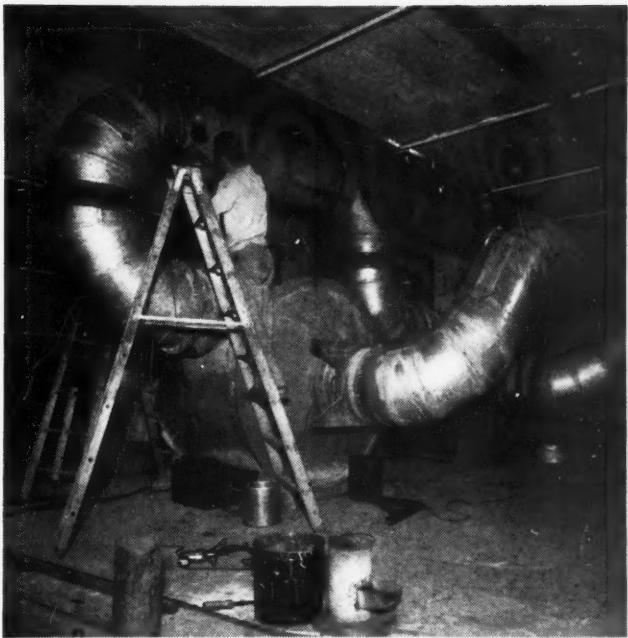
The carriers are fiber boxes 12 by 16 by 10 inches deep, which are capable of carrying a load not exceeding 30 pounds each, and of a volume which can be contained within the dimensions of the box. Upon discharge the box rolls down a slightly inclined track of sufficient length to accommodate a number of carriers. Since the carrying box is always discharged on the down travel of the conveyor, the departments making most use of the conveyor are located at the highest level of the building.

The pneumatic tube system extends to all nursing units, medical record department, business office, pharmacy, central sterilizing rooms, laboratory, x-ray department, admitting office, storeroom and many other departments. The tube system carriers are 3 inches in diameter by 15 inches long and are intended to convey written messages, medical records, papers, small parcels, and bottles.

It is expected that the use of the vertical conveyors and the pneumatic tubes will expedite the delivery of goods and messages from many departments of the hospital and greatly reduce the need for messenger personnel.



Two vertical conveyor systems serve every floor and provide transportation in fiber baskets of many articles—from sterile supplies to library books. Baskets come down track at right.



Finishing touches being placed on huge arteries of pneumatic tube system. These later break down to smaller tubes. There are over four miles of tubing serving all departments.

## ORIENTING THE EMPLOYES

### to the use of mechanical aids

**ASA R. CRAWFORD**

Business Manager

**HARTFORD HOSPITAL**

**JOHN H. STEWART**

Assistant Business Manager

THE necessity for saving steps was kept constantly in mind when Hartford Hospital was being designed. It is an accepted fact that with modern elevators personnel and material can travel faster vertically than they can horizontally. This is one of the principal reasons why the new Hartford Hospital is of vertical construction. The cross style of floor design was also decided upon with the step saving idea in mind. The building itself is properly designed to minimize the length of time consumed by employees in walking to perform their duties.

In addition to the design of the building, mechanical aids were incorporated to reduce further the time and effort consumed by personnel in those functions so necessary in a modern

hospital. The major mechanical aids are in the form of automatic vertical conveyors, pneumatic tube system, and nurse-patient radio telephone intercommunicating equipment.

These aids will literally save thousands of personnel and nurse hours each, but in order to do this they must be in working order at all times. It is important that the people who use these aids understand their proper use so that the equipment can function at maximum efficiency and accomplish the purpose for which it was installed. This is especially true of the vertical conveyor and the pneumatic tube system.

Training personnel to handle the nurse-patient intercommunicating system will be a comparatively simple mat-

ter. There are many nurses on the staff of the hospital who are familiar with the system, and they in turn will teach other nurse personnel and floor assistants in its effective use. Similar equipment has been in use in our maternity wing for the past several years.

Training employees in the use of the pneumatic tube system and the automatic conveyor has presented an entirely new problem. Hartford Hospital has engaged a training supervisor to coordinate the problem of orienting personnel in the use of these mechanical aids prior to our occupancy of the building. Lectures will be given to small groups of employees by departments. We have communicated with two insurance companies which use

such equipment in order to determine the points that should be emphasized in our training program.

Visual aids, such as film strips and simple motion pictures, will be employed to demonstrate the difficulties that occur when any one of the few rules of operation are not carried out. Through the same mediums we shall show how this apparatus functions mechanically in order that our personnel will better understand the importance of its correct use. The lecture on the use of the tube system includes the following information, and each employe will hear this lecture at the points where tubes are sent and where they are received.

"A system of interoffice and floor communication has been installed in our new hospital. By means of this system, messages and records will be carried swiftly throughout the hospital.

"The tube system works by a terrific air suction, sucking the carriers away from all the stations, toward a central receiving station located on the ground floor.

"This station is one of fifty-two located throughout the building. These stations are all similar, and when you have seen one you have seen them all.

"Each station both sends and receives carriers. The tube with the hatch entrance is the sending point, and the green box is the receiving point.

"Carriers speed through the tube systems carrying messages. The carrier is plastic so that the contents can be seen. At the front end is a dial selector, and at the rear are a leather cover and snap-lock. Place the papers you wish

to send neatly in the carrier rolling them in this fashion. Close the cover and latch the snap-lock, making sure you hear it click.

"The dial on the front end of the carrier must be set to the number of the station to which the message is sent. On a chart are listed the various departments and their station numbers.

"Your message is now ready to go on its way. Open the hatch at the end of the tube with your left hand—holding it open, and set the carrier in the entryway. Be certain you are heading the carrier correctly, dial end first. The arrow on the side indicates the direction. Close the tube hatch and your message is on its way.

"When a message arrives at a receiving station, it drops into the receiver box, hits a cushioned landing strip, and lights the red light that indicates that it has arrived. Remove the carrier immediately, and empty the contents. Carriers must be removed right away or they can pile up and cause a jam in the tubes, crippling the system. Naturally, the tube system must always be in working order.

"If an answer is to be returned to the department sending the message, the same carrier can be used so that not only is the message answered but the carrier is returned where it belongs. If no answer is required, the empty carrier should be returned immediately with the dial set at zero. Each carrier has a number on it indicating the station to which it belongs. You must return carriers promptly to assure all departments of a continual supply. Do not keep carriers that do not belong to

your station. You will have a supply of your own in the rack in the receiver box.

"At the central station all carriers arrive in one of the tubes in the group to the rear. The assembly line carries them on up to the front where an operator picks them up, sees what number is on the dial, and places them in the proper tube. Each tube has a number, indicating the station the tube serves."

After the lecture to the individual departments, the training supervisor will conduct small groups to the new hospital and train them in sending, receiving and filling both the carriers for the pneumatic tube and the baskets for the conveyor. Actual supplies—medical records, sterile goods, pharmaceuticals—will be used in the training course.

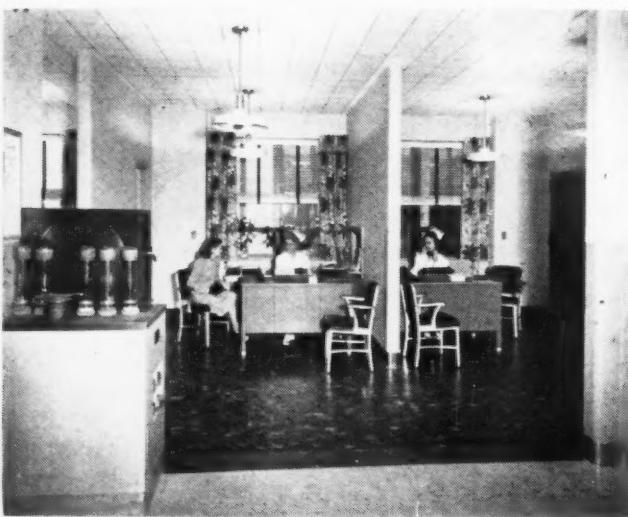
#### DEPARTMENT HEAD TAKES OVER

After training a small group from each department, the training supervisor will then turn the work of the additional training of that department over to the departmental supervisor who will instruct the remaining employes by the same method. During the orientation period the employes will be shown the mechanical works of the equipment in order that they may more fully appreciate the instructions given for proper use of the equipment.

We have gone into detail concerning the orientation and training of the employes in the use of the mechanical aids rather than commenting at length on the overall training of personnel in the use of the new hospital, inasmuch as the same program will be followed with all personnel for the new building.

Fortunately, our floors have been laid out in such a manner that the nursing stations, utility rooms, linen rooms, toilets, baths, kitchens and treatment rooms are all at identical locations on each wing and on each floor. Present employes will be oriented as to the location of these rooms, methods of cleaning, storage of supplies, and types of equipment to be used by small groups under the direction of our training supervisor, and then, as in the case of the mechanical aids, department heads can continue the program with the rest of their personnel.

New employes will receive an orientation lecture and training at the time of employment.



Left: One section of the admitting office, which is located in the south section of the first floor, adjacent to emergency entry.

HARTFORD HOSPITAL

## INTRAVENOUS THERAPY and BLOOD TRANSFUSION

RALPH M. TOVELL, M.D., and CHARLES M. BARBOUR, M.D.

Respectively, Chief and Associate, Department of Anesthesiology

THE decision to prepare solutions for intravenous therapy within the hospital and the shortage of interns during World War II, together with the increasing use of blood and other fluids administered intravenously, culminated in the organization of the section for intravenous therapy and blood transfusion at Hartford Hospital.

The chief of the department of anesthesiology and the chief of the department of pathology were delegated to supply supervision of the section, with specific responsibilities outlined whereby the chief of the department of pathology was responsible for typing, cross-matching, storage and issuance of blood to patients. The remaining functions of the section, including manufacture and administration of intravenous fluids, blood and other medicaments intravenously, were assumed by the chief of the department of anesthesiology.

### DIVIDED INTO TWO GROUPS

As the work of the section increased it was necessary to divide the workers into two groups, one responsible for the manufacture of fluids for intravenous use and for cleansing, packaging and sterilizing of sets for their administration. The second group was made responsible for the collection, preservation and administration of whole blood, as well as administration of other fluids given intravenously. In addition, this group assumed responsibility for the preparation of the antibiotics, penicillin and streptomycin in proper dilutions, for administration to patients throughout the hospital.

This overall arrangement has proved so successful that a program for approved training of graduate nurses to perform these specialized duties has been initiated and expanded. The hospital now offers qualified graduate nurses a six months' course in the management of a blood bank and preparation and administration of solutions intravenously.

During the fiscal year ending Sept. 30, 1947, a total of 56,932 flasks of fluid was prepared, giving a ratio of two flasks per patient admitted to the hospital that year. The technicians in the solution room, working under the supervision of a trained graduate nurse, disassembled, cleansed, reassembled and sterilized 34,154 sets for administration of intravenous fluids of various types, including blood and plasma. During the year 30,000 patients were admitted. It is, therefore, evident that we should count on the preparation of 1+ sets for intravenous therapy per patient admitted.

In the same interval 3738 whole blood transfusions and 239 units of plasma were undertaken, giving a ratio of approximately one whole blood transfusion per eight patients admitted. The average number of beds occupied daily was 738. It is estimated, therefore, that between five and six units, each of 500 cc., of whole blood are required for each hospital bed per year. The director of the hospital in giving his wholehearted support to the development of this section has declared its activities to be essential to the efficient management of the institution.

The presence of this highly trained group of intravenous therapists and technicians has greatly facilitated the efficiency with which these therapeutic procedures have been managed. In the event of major disasters, such as the circus fire, these experts in the technic of venipuncture offered attending physicians invaluable assistance. With equally well trained technicians responsible for the manufacture of intravenous fluids, an adequate supply of prepared solutions and of the sets to be employed for their administration was provided.

### TECHNICIANS' DUTIES EXPANDED

The duties of the technicians in the blood bank gradually expanded to include not only the collection and administration of whole blood but the administration of all other types of solutions now employed intravenously. The blood bank became the center of the intravenous therapists' activities. That the work of the blood bank should be done by a small group of specialists is generally recognized. It is equally important to segregate the administration of other fluids to the same small group.

Because the blood bank is an essential part of a modern hospital, it is suggested that other hospitals might benefit by developing a section for intravenous therapy around this existing nucleus. The intravenous administration of any drug, solution, blood or blood fraction is fraught with inherent danger. Causes of untoward reactions are known. It is, therefore, mandatory that every known precaution be exer-

cised to prevent reactions that further complicate illness, prolong hospitalization and sometimes cause fatalities.

In the past, fatalities following transfusions of whole blood were due to mistakes. Isolation of the work to a small expert group minimizes these hazards. Modern medical and surgical treatment demands efficient and judicious intravenous therapy. This demand can be met by the adequately supplied and efficiently managed section which is staffed by well trained intravenous therapists.

Standardization of equipment and technics, essential requisites for the successful accomplishment of intravenous therapy, makes this type of treatment the safe therapeutic procedure that it is today. The increasing use of solutions, such as crystalloids, plasma, plasma fractions, whole blood, derivatives of amino acids and fluids containing one of the sulfonamides, penicillin or streptomycin, has created a new field of therapeutics. Administration of these therapeutic adjuncts demands the full-time attention of highly trained personnel.

#### MUST TAKE PRECAUTIONS

Methods designed for the preservation of blood consist of carefully collecting blood in an efficient anti-coagulant and preserving the mixture in temperatures of from 4 to 6 degrees centigrade. Although this may seem simple in principle, successful results depend upon following sterile precautions during the collection and preservation of the blood. Too vigorous splashing and frothing must be avoided.

The most efficient preservative agent is cold, but its efficiency is reduced greatly unless there is adequate control of the refrigeration unit. Frequent checks must be made in order to be certain that correct temperatures are maintained. Inspection of the stored blood is necessary in order to detect signs of hemolysis. Although it is possible to store blood as long as two months with only a minimal degree of hemolysis appearing, preserved red blood cells should not be considered functionally equivalent to fresh blood cells after twenty days' storage.

It is known that administration of preserved blood is adequate for patients in shock and those suffering from acute hemorrhage or chronic anemia but that fresh blood is more efficacious in the treatment of diseases of the hematopoietic system and anemia with infection.

The incidence of untoward reactions during or following the administration of fluids intravenously is remarkably low in those institutions where such therapy is supervised and administered by trained personnel. The extremely low incidence of untoward reactions at Hartford Hospital is directly attributable to the meticulous care with which solutions are prepared and the extreme precautions which are followed in cleansing, reassembling and sterilizing intravenous sets.

Experience leads us to conclude that complications following intravenous therapy are a measure of the efficiency maintained and precautions exercised in performing these exacting tasks. Success is achieved only when highest standards are maintained at all times.

Careful selection of blood donors, meticulous grouping and cross-matching, efficient collection and preservation of blood, expert administration of fluids, and prompt detection and management of complications enhance success. Untoward reactions are reported to, and investigated by, one or both co-administrators. Expert analysis of such reactions that do occur is provided and serves as an added check on the efficiency of the section's activities.

In order that all fluid therapy will be accomplished judiciously, it is good insurance to have the therapist thoroughly acquainted with the therapeutic indications and contraindications for the use of all types of solutions employed. Alert therapists are aware of the incompatibilities of the various blood groups and sub-groups. Because practicing physicians have difficulty in keeping their knowledge of hematology and toxicology up to date, they frequently rely on the knowledge of therapists who in turn consult their supervisors.

It is especially important to have personnel available that thoroughly understands the significance of all factors involved. Therapists are aware of the dangers of administering blood or other fluids too rapidly to patients who have myocardial damage. They are cognizant of the hazards of giving whole blood to patients suffering from hyperpyrexia or poor renal function. They recognize and respect the serious complications which follow the administration of whole blood to an individual whose hematocrit is abnormally elevated.

Each patient's record is reviewed thoroughly with particular attention

paid to the history, physical findings, laboratory reports, and the physician's diagnosis. It has been our experience that serious, even fatal, complications have been prevented by timely reporting of findings to one or the other of the co-administrators of the section, or their designates.

Advantages derived from the presence of the section on intravenous therapy at Hartford Hospital have been many. Patients are assured expert care. Financially, it has been responsible for a real saving to the hospital by preparing its own solutions of normal saline, glucose in 5 or 10 per cent concentration in normal saline, and solutions of similar concentrations in distilled water. Special solutions are prepared when ordered.

#### SOME DIFFICULTY ENCOUNTERED

Venipuncture is not always a simple procedure. In the management of patients with extensive burns or in the treatment of severe shock, it is common to encounter great difficulty in performing venipuncture. The availability of well trained personnel accustomed to perform femoral venipuncture may be the factor which results in saving patients in severe shock.

Infusions and transfusions are administered according to schedule, thereby facilitating the performance of nursing procedures and the physician's examinations. Interns are relieved of the time-consuming duties of administering fluids and blood. They therefore have more time for the performance of their essential and important duties.

Hospitals of all sizes, especially large institutions located in populous areas, should be prepared at all times to render expert and efficient care to patients injured in major disasters. The time and effort spent in the development of the section on intravenous therapy and blood bank and the section on inhalation therapy at Hartford Hospital seemed inconsequential at the time of the circus fire in comparison to the benefits derived. Careful planning and adequate preparation saved lives which otherwise would have been lost.

Hospitals of all communities must assume this responsibility and be prepared for the therapeutic management of tragic disabilities resulting from a similar catastrophe. Such organization, prepared for disaster, will provide therapeutic and financial dividends during normal operation of the institution.



A typical nurses' station, showing nurse talking to a patient on intercommunicating call system.

HARTFORD HOSPITAL

## SCHOOL OF NURSING and NURSING SERVICE

ETHEL A. BROOKS, R.N.

Director of School of Nursing and Nursing Service

THE Hartford Hospital School of Nursing was established in 1877, the fourth school in the United States to meet Miss Nightingale's requirement that the "training and discipline of nurses" be under the charge of a nurse. Through the years it has graduated 2332 nurses and presently has 200 students enrolled.

### RECOGNIZE CHALLENGE OF NURSING

The school in the present day is guided by the concept of training a nurse who is able to conserve and strengthen the forces of patients in facing problems which are mental, emotional and spiritual, in addition to ministering to their physical needs. We realize that the challenge of nurturing, cherishing and strengthening, which is inherent in the meaning of nursing, has a close relationship to the needs and strengths of human beings. It is recognized that the sense of gratification and power which comes from obedience to the commandment "Love thy neighbor as thyself" finds a reality in nursing which is second only to its return in the highest sense of family living.

This concept underlies the planning for each of the programs in nursing offered at Hartford Hospital. The three-year program offers experience in nursing in the fields of medicine, surgery, obstetrics and nursing of children, including work in the hospital, the outpatient department, and some experience in the community. An

affiliation for psychiatric nursing is arranged for all students either at Butler Hospital in Providence, R.I., or at the Connecticut State Hospital, Middletown, Conn. This program is approved by the Connecticut State Board of Examiners for Nursing and the regents of the University of the State of New York. It is fully accredited by the National League of Nursing Education.

During the last year a new development occurred with the establishment of programs in nursing in coordination with Mount Holyoke College at South Hadley, Mass., and with Hartford College in Hartford.

The program with Mount Holyoke College includes three years at the college and two calendar years and two summer sessions at Hartford Hospital and related institutions. The arrangement with Hartford College provides for nursing and general education in a five-year pattern. Nursing requires a deep understanding of human needs, and it is hoped that this can be strengthened by the courses which a college or university offers to help man to understand man.

At the same time these programs were established, consideration was given to programs for the training of auxiliary workers in nursing service within this hospital. An active auxiliary nursing service had been provided by volunteers during World War II. Approximately 800 women working as Hartford Hospital volunteers, 400

volunteer Red Cross nurse's aides, and 100 men as volunteer medical aides had proved the value of the assistance which auxiliary workers could provide in nursing service. During the post-war period there has been a gradual building of the staff of paid auxiliary workers, including nurse's aides, ward helpers, male aides, medical technicians, and floor receptionists or ward clerks.

In January 1948 a new project was established in the form of a program for trained attendants in coordination with the Connecticut State Department of Education. The first three months are spent at the E. C. Goodwin Technical School at New Britain followed by nine months of experience at Hartford Hospital.

### EVALUATE TOTAL SITUATION

It is recognized that we must evaluate the total situation of nursing service and assign to nurses those duties which nurses can best perform. This is true if nurses are to find deep satisfaction in nursing and if the nurses' nonprofessional colleagues are to feel gratification and security in service to patients. A nursing team composed of nurses and auxiliary workers is required if the services of all are to be used to an optimum degree. It seems evident that the essential factor in nursing care lies in the judgment of the nurse responsible for such care. The successful assignment of duties to members of the nursing

team rests on the professional responsibility and judgment of the nurse in charge of planning for the patient.

It is a guiding principle at Hartford Hospital that the nurse in charge of the nursing care of a patient must make use of sufficient consultative help whenever it is needed and must not attempt procedures for which she is not prepared or ask others in the group to attempt procedures for which they are not adequately trained.

It is strongly held that nurses must be deeply concerned with the bedside nursing care of patients and participate actively in such care. It is obvious that patients who are seriously ill require

the care of a nurse. It requires an appreciation of fundamental meanings and values in nursing to make the best assignment of the skills of various members of the nursing team in the care of patients who are not seriously ill.

There are times when a nursing situation should involve the assignment of an aide or attendant, and times when a relatively simple procedure provides an opportunity for a nurse to teach a patient or to help him meet problems.

There is a great need for further study and experience in the teamwork approach to the nursing care of pa-

tients. This means breaking the habit patterns of yesterday. It means facing the differences between opportunities for service of nurses and those of other workers. It means helping the students of today to see their part in creating new answers to the problems. Otherwise, the patterns of yesterday carry over to tomorrow without regard for the need.

The nurses at Hartford Hospital welcome the opportunity to work with doctors, hospital administrators, other health workers, and members of the community in facing the common problems of providing better nursing care in sickness and health.

## HARTFORD HOSPITAL

# PERSONNEL RELATIONS

DELPHINE L. TenBROECK

Personnel Director

RECOGNIZING that the strength of any institution is measured to a large degree by the character and abilities of its employes, Hartford Hospital has devoted much time and study during the years to developing a sound personnel relations program. This work centers in the personnel department under the supervision of a trained director and includes such progressive policies as an employes' clinic, a group retirement plan, and a merit rating system. A more recent project has been a program for orientation in the new building and of job training for new employes.

Agreed that proper health practice should start at home, the management of the hospital decided to organize an employes' clinic. This is modern in its equipment, conveniently located, and designed for physical examinations and minor services which can be taken care of during clinic hours.

The clinic is open for appointments for nursing care from 7 a.m. until 3:30

p.m. except on Sundays and holidays. The doctor is available at the clinic from 7:30 a.m. until 9 a.m., and the resident staff is on call for emergencies between 7 a.m. and 2:30 p.m. At other times, in the event of an emergency, the employe reports to the accident room.

All new employes are given a thorough physical examination prior to beginning work. The personnel department makes appointments with the clinic for new employes at the time applicants are selected. Following pre-employment examinations the new employe returns a stub of the appointment card signed by the doctor indicating acceptance, rejection, temporary acceptance, or, possibly, acceptance with a waiver.

In order to receive examination or treatment at the clinic an employe must obtain the proper appointment by means of a white card from the head of the department in which he is employed. This card is taken to the

clinic by the employe and following the call is returned by the employe to his department head.

Since hospital employes are not eligible for benefits under the Social Security Act, the hospital's board of directors approved a retirement plan for employes effective Oct. 1, 1947. Under the provisions of this plan each full-time employe, with the exception of student nurses, interns, residents, special duty nurses, and part-time workers, is eligible, provided that he meets the following requirements: (1) that he is working the normal work week of his department; (2) that he was hired before attaining 55 years of age; (3) that he has completed five years of continuous service, and (4) that he has attained 35 years but is under 65.

While each employe contributes part of the cost of the plan, the hospital pays substantially more than half the total. Membership is obligatory for all employes who qualify who have been hired since the plan began. An



Above, left: The main business office. Walls are covered with fabric in gray and green. Gray steel desks have aluminum fittings and linoleum tops. The vault is strategically located to serve cashiers' and accounts receivable records. Right: The cashiers' office has three windows at which the patients can pay their bills and another for the safe deposit of patients' valuables.

important feature is that regardless of whether an employe leaves the service of the hospital, dies or remains in service to receive retirement benefits, the plan guarantees to him or his beneficiaries an amount equal to his total contributions plus interest.

Each member receives a certificate containing a statement describing the benefits to which he is entitled, and it is the expectation and hope of the management that modification of requirements will be possible, permitting more inclusive benefits. With their consent, the hospital enters as members and pays the premium for all full-time, nonresident employes in Connecticut Hospital Service Inc., *i.e.* Blue Cross.

#### MERIT RATING SYSTEM

Among other personnel policies is a smoothly functioning system of merit rating. All jobs are classified, and each is given a minimum and maximum rate of pay for its classification. Each new employe is considered for an increase at the end of three months, then six months, and every six months thereafter until he reaches the top of his pay range for his job classification. Whether or not he receives an increase at the end of three months or six months is determined

by his merit rating within his group. An employe is judged on such factors as performance on the job, quality, quantity, reliability, disposition and appearance.

The entire staff of employes is merit rated twice a year, at which time each employe's relative rank within his group is determined. A tickler file is operated monthly by the personnel department to remind management of all employes' three months, six months and succeeding six month anniversary dates thereafter.

Vacations are granted on the basis of two weeks with pay to all employes working twenty or more hours per week, provided they were on the pay roll as of October 1 of the year preceding the summer during which the vacation is requested. The vacation period does not start until the individual has been employed for nine consecutive months. Employes hired after October 1 of the preceding year but before February 1 of the current year are entitled to one week's vacation, but that vacation does not start until the employe has been employed for five consecutive months.

Vacations are granted ~~during~~ the regular vacation period of the department in which the employe works. They are not cumulative. Vacation pay

is paid on the day previous to the start of the vacation. Hourly rate employes receive vacation pay amounting to that which would be earned during their average normal work week. Vacation periods are arranged by the department head and the employes, taking into consideration the needs of the hospital and the seniority of the individual.

#### ONE WEEK'S SICK LEAVE

Salaried employes working a regular schedule of twenty or more hours per week, and who have been with the hospital six months, are permitted one week's working sick leave with pay in any one year. Those having more than one year of continuous service to their credit may receive two weeks' working sick leave with pay in any one year.

All employes are screened, selected and recommended for job placement by the use of intelligence, aptitude and skills tests, but each individual also is granted a terminal interview with the personnel director prior to severance from the staff. This provides an opportunity to establish additional good relations and also provides for a study of turnover.

Thus it will be seen that not only are employes of Hartford Hospital carefully judged and selected, but provision is made for their well-being through the entire term of their employment. It is only through such sound personnel procedures, according to the hospital management, that proper labor relations can be established and maintained.

# Improvement is the keynote in our PLANS FOR THE FUTURE

WILMAR M. ALLEN, M.D.

Director

WHILE these words are being written, a tiny part of the future has become the past. Even so, fleeting goals can be captured if we hunt assiduously and our aim is true. Most of the future will prove to be evolution from the solid past.

Immediately ahead lies the construction of the Medical Building which will do much to further the development of the medical center. Contributing to the same purpose will be the enlargement and diversification of the outpatient department.

On the horizon is the institution of a diagnostic clinic for people of moderate income, and for those admitted to this clinic who require surgery there will be specified and fixed surgical fees.

While it took almost ninety years to admit the first half million patients, the second half million will probably be cared for in less than twenty years. The average length of stay and the mortality rate will undoubtedly continue to decrease as the art and science of medicine progress.

There will be increasing specialization in medicine and a more nearly complete roster of such specialists, thus ensuring the highest quality of care for all types of patients. On the other hand, it is important that "the family doctor" continue to occupy his important place, for he it is who not only

treats us in illness but knows our habits, our troubles and our reactions to our environment. Although it is not possible, as of old, for him to be a *general specialist*, his function is still basic to good medical care.

Another important group is made up of the nurses who must care for patients twenty-four hours a day and every day, and who have gradually had handed to them many functions previously performed by the medical profession. Not only must they be skilled in technical procedures but they must have that degree of character and devotion which we sum up as "the maternal instinct." It is therefore of the greatest importance that these women keep step with the march of progress.

Another essential part of our future is research. A limited amount of significant value has already been carried on, but it needs large development for which additional funds are required. It is essential not only for the discoveries which may be made but, more important still, for the resulting stimulation of the inquiring mind so necessary to the best in medical care. What? Why?

There is need for greater coordination of all health agencies, public and private; and where need exists effective answer will be forthcoming. The two great pillars of such a structure are health departments and hospitals,

using the latter term in its inclusive sense, embracing the medical and nursing professions and all personnel associated with them.

Such a team could do wonders in preventive medicine and the promotion of health. Here lies tremendous power for the education of the public. The only really effective way to improve the future is to improve future citizens. Although there are great gaps in our knowledge of human psychology and emotion, there is much that can be learned by young parents and teachers which would make them more effective in their most important jobs.

On the economic side, there will undoubtedly continue a rapid increase in prepayment for hospital and doctors' bills and expanding tax support for the care of those with little or no means. There will always exist the distinct possibility, particularly in time of depression, of some form of federal health insurance.

Medical science will continue its great strides in the promotion of health and in the conquest of pain and disease. Developments yet undreamed of will be so astounding that to our successors in the year 2004, on the 150th anniversary of the Hartford Hospital, many of our opinions and procedures will appear amusing as they face their future and help perpetuate the long progress of Hartford Hospital.

HARTFORD HOSPITAL

**N**O HOSPITAL can function without the services of radiologists, pathologists, anesthetists and other specialists,<sup>1</sup> who frequently are compensated on a salary instead of a fee basis. Some professional groups contend that a hospital association which employs a doctor and collects for his services is engaged in the corporate practice of medicine.<sup>2</sup>

Unquestionably, a corporation organized *for profit* cannot engage in the practice of medicine, or employ physicians to do so as its agents; the profit motive of the corporation is said to be its main purpose, and the best interests of the patient are not promoted.<sup>3</sup>

Legal decisions hold that the prohibition against furnishing medical care or rendering treatment does not apply to a nonprofit organization conducted so that the proper doctor and patient relationship is preserved.<sup>4</sup>

It may well be argued that if it were illegal for a nonprofit hospital corporation to employ physicians, it would be equally unlawful to employ nurses, pharmacists and all other state licensed professional personnel. Were each professional worker to render a separate bill to the patient the hospital would be relegated to the status of an expensive specialized hotel.

#### **Not the Patient's Problem**

Whether the patient gets a bill from the physician or from the hospital does not determine what is best for the patient's welfare, nor does it thereby create a physician-patient relationship.<sup>5</sup> How fees are distributed should not be the patient's problem and generally is not when he is the beneficiary of a prepayment plan for hospital care or medical services.<sup>6</sup>

Some anesthesiologists complain that the department of anesthesiology, like the radiology department, is expected to show a profit to make up deficits elsewhere in the hospital. Others question the legality of dispensing this service through salaried physicians and anesthesia nurses. It is charged that if the hospital collects in anesthesia fees more than is spent to provide such services, the patients are being exploited; that to pay the physician-anesthetist less than his net earnings exploits him.<sup>7</sup>

Similar objections are raised by some pathologists to "the encroachment of hospitals and institutions on the practice of medicine," who urge that the pathology department should not be operated for profit.<sup>8</sup> Some radiologists

state that they should be independent practitioners in hospitals with the same status as other specialists on the staff and with the right to collect fees directly from patients.<sup>9</sup> An inclusive rate, based on actual costs in hospitals, nullifies these contentions, some hospital administrators suggest, by eliminating the segregation of income from the various departments.<sup>10</sup>

A number of fiscal arrangements are advocated by certain professional groups, as well as by some administrators.<sup>11</sup> One plan is for the radiologist to lease the department at a fixed monthly rental to cover the space occupied by the department of radiology and the equipment therein, or only the space if he owns the equipment.

Another method would be to permit the radiologist to render bills and collect for all private cases in his own department and to pay all salaries for technicians and assistants. Films, supplies and other overhead expenses would be apportioned between the hospital and the radiologist. All income from ward patients and outpatient cases would be retained by the hospital. A third system would be to lease the hospital department at a rental based upon a percentage of the gross receipts.<sup>12</sup>

The view that finds common acceptance among the governing boards of hospitals is that the radiologist and other specialists are free agents to enter voluntarily into any form of financial remuneration that is mutually acceptable; that hospitals which have established a salary basis with their radiologists and pathologists have the most satisfactory arrangement. Teaching hospitals are known to attract specialists who are willing to accept an equitable salary.<sup>13</sup>

A joint statement by the American Medical Association and the American

## *Legal ASPECTS OF SPECIALISTS' CONTRACTS*

**EMANUEL HAYT**

Lecturer in Hospital Administration  
Columbia University, New York

Hospital Association declares that "until experience shall have determined the technic whereby roentgenologic, pathologic or similar services may best be provided and remunerated, the decision of any individual hospital should be determined by agreement between the administration and the medical staff of such hospital."<sup>14</sup>

The "Principles of Relationship Between Hospitals and Radiologists, Anesthetists and Pathologists" affirmed in 1944 by the American Medical Association and the American Hospital Association provide that: "Financial arrangement may be on the basis of salary, commission, privilege rental, but in no instance shall either the hospital or the radiologist exploit the other or the patient."<sup>15</sup>

#### **Renting Hospital Property**

In all the discussions concerning the most suitable financial arrangement between the hospital and the physician rendering ancillary services, little attention appears to be focused on the legal aspects of the problem in its relation to the tax exempt status of the nonprofit hospitals.

Hospitals, as such, the courts declare, enjoy no inherent right to exemption from taxation.<sup>16</sup> Ordinarily, to be entitled to tax exemption, two fundamental requirements must be complied with: (1) the hospital property must be used "exclusively" for charitable purposes<sup>17</sup>; and (2) no part of the "net earnings" of the corporation may inure to the pecuniary benefit of any person associated with it.<sup>18</sup> These principles are fundamental to exemption not only from real estate taxes but from unemployment insur-

ance, social security, personal property, sales and other taxes.

Exemptions from taxation are proclaimed to be favors which are carefully scrutinized by the courts, because such privileges invariably cast a greater burden on the taxpayers. Statutes granting exemptions are strictly construed.

One court in a recent Florida case observes that the renting of hospital owned property to persons in competition with taxpayers and applying the rent to the charity is too remote a use for charitable purposes. When a four-story building was owned by a non-profit corporation which used the upper three floors for charitable purposes but rented out the first floor to private persons, the rents being used exclusively to operate the hospital, the corporation was held not exempt from taxation.<sup>15</sup>

#### Landlord-Tenant Relation

The term "exclusively" does not mean "substantially all" or "for the greater part," announces a Texas court, but precludes even an insignificant use for noncharitable objects. If any part of the hospital is rented out the relation of landlord and tenant is created, the court maintains, a fact which would necessarily destroy the exclusive charitable use required to bring the property within the statute; nor may the property be used partially by others, even if no rental is paid.

These principles were applied where a laboratory technician, employed in a charitable hospital in Texas, with the permission of the hospital, used part of the laboratory without rent to carry on his own business as a technician. According to the evidence, the maintenance of the laboratory was necessary to the successful operation of the hospital.

The technician collected from the patients in the hospital certain scheduled fees for the laboratory tests he performed, which netted the hospital a small profit each year. He was paid a salary of \$100 a month by the hospital. His total gross income, including his salary, amounted to \$4000. He estimated that 5 per cent or less of the tests he made were for his outside interests.

It was the conclusion of the court, nevertheless, that the use of the hospital laboratory and equipment by the technician for his own use and gain and retaining "the charge made for such services that were performed in

the hospital is such partial use of the hospital facilities and building as distinguished from an exclusive use by defendant (hospital) as to deprive defendant of the constitutional and statutory exemption from taxation."<sup>16</sup>

A Missouri court, however, defines the word "exclusively" to mean that the hospital may not have a "substantial" noncharitable purpose, otherwise it could "destroy or materially shade the fullness of its committed service in the public welfare and all the while defeat the purpose of the law under the guise of the charitable purpose."

The hospital was adjudged not entitled to tax exemption because the proof indicated that it was organized and operated for the purposes of fostering, encouraging and providing facilities for the practice of osteopathic medicine and that the maintenance of the hospital was but incidental to such purposes. The court remarked that no one questions the right of professional men to provide facilities for their practice or to foster professional objectives, but "these rights and their exercise, we believe, do not constitute a charitable purpose, although great service in the public welfare may be rendered thereby."<sup>17</sup>

Similarly, where a hospital in Wisconsin was maintained primarily for the greater convenience and profit of its managing physicians in the practice of their profession, the hospital was held not to be a "benevolent association" entitled to tax exemption even though the physicians received no salary but only offices in the hospital rent free and one meal a day for supervising the personnel. The court commented that even if the hospital is assumed to be a charitable organization, the property was used as much to advance the individual fortunes of the surgeons who managed it as it was for charitable purposes.<sup>18</sup>

In another case, a charitable hospital corporation in Minnesota was denied tax exemption. There the doctors in the clinic owned an electrocardiograph, a basal metabolism machine, and an x-ray machine, all of which they kept and used in the hospital. A considerable number of other doctors were permitted to use the apparatus in the hospital upon payment of a fee of \$8 for each such use of the electrocardiograph, \$5 for the basal metabolism machine, and a fee determined for each use of the x-ray machine. The doctors thus were making a "substantial use" of the hospital premises for

their personal profit, contrary to the tax exemption statutory requirements.<sup>19</sup>

#### Use for Convenience of Hospital

Sometimes a distinction is made by the courts between renting or using the hospital facilities for the benefit of the institution and such use for the profit of physicians or other persons.

It has been held proper to use hospital property, in Idaho, by persons connected with the institution, if such use is incidental to the purposes for which the hospital was founded or to serve its convenience in the care of patients. But where a "dominant and substantial use" is for the pecuniary advantage of the medical staff or those having its management and control, it is not an application for benevolent purposes.<sup>20</sup>

A room in a hospital building in Maine was used by a physician as his office for private practice. He was also the treasurer and manager of the hospital; the room was his office in connection with his managerial services, but it was not set aside for his exclusive personal use; it was for mutual convenience. The doctor received no compensation from the hospital, and the hospital charged no rental.

In approving tax exemption, the court declared that an arrangement which benefited the institution, yet segregated no portion of it to the exclusive use of another, but left the hospital in dominant control did not constitute a use independent of and alien to the normal functions of the hospital, even though it was also of advantage to the doctor.<sup>21</sup>

Use of part of a hospital building in Pennsylvania for living quarters for those who operated the charity, in order that they might be available for call at all times, was said to be consistent with tax exemption of the entire structure. The exemption was deemed not affected by the fact that the buildings may be separated, provided that they are used together as a unit in the charitable work.<sup>22</sup>

Suit was brought by a charitable hospital in Ohio to have the court exempt from taxation real estate used as a student nurses' home, located about two blocks from the hospital. It had become impossible to rent quarters nearer to the hospital. About thirty-five student nurses were housed regularly in the three-story building, from which the hospital received no income; the students paid no room rent or board. When a student was accepted

she paid the hospital association the sum of \$150 for equipment, uniform and books; she received no compensation while training.

Tax exemption was granted on the ground that the property was being used exclusively for charitable purposes; the home was incidental to and a necessary part of the hospital.<sup>22</sup>

### Profits of the Hospital

Since it is usually a condition of tax exemption that no part of the net earnings may inure to any private shareholder or individual except for reasonable compensation; to turn over any of the net earnings of a hospital or one of its departments to an individual may contravene the tax exemption statute.

Hospital administrators say that income from one department producing a profit is not used to maintain another nonsupporting department; that all hospital income is used to maintain the hospital. If the net earnings or profits went to individuals, leaving deficits to the hospital, they assert there would soon cease to be the abil-

ity to pay even salaries. That one entitled to profits is also liable for losses is a business axiom; yet no medical practitioner expects to share the losses of a charitable hospital corporation.

The facilities of the hospital are primarily for the welfare of the public; the ultimate advantage of any profits is intended for the patients and not for those who operate or serve the institutions.

On the theory that a charitable hospital is carrying out a public function which the government itself otherwise would have to perform, tax exemption is granted. What the corporation would have had to pay is a contribution from the state toward the maintenance of the hospital.<sup>23</sup> Such exemption conserves the financial resources of the hospital for its charitable work.

Whatever the hospital receives directly from paying patients is not income or profit, but merely a contribution toward the maintenance of the charity service of the institution.<sup>24</sup> "Such funds as are collected from patients do not go to any stockholders, for there are none, nor to accumulate

in the coffers of the institution, but are used for the maintenance of the hospital and the furtherance of the announced purpose of its foundation."<sup>25</sup>

The fact that the hospital makes a profit on some of its services does not change its status as a charitable corporation, as when a charitable hospital made regular charges for those able to pay but exacted none from those unable to pay. Those able to pay were cared for and charged accordingly. This resulted in loss to the corporation during some years and in profit during other years. Whatever profits were earned, together with gifts, were used for the upkeep and improvement of the hospital plant. There can be no profit, stated the court, if there is no one standing in a proprietary relation to the corporation to share in such profit.<sup>26</sup>

Those who serve charitable corporations are entitled to receive reasonable compensation. Typical is the New York State statute which provides that "no such corporation shall be entitled to any such exemption if an officer, member or employee thereof shall receive or may be entitled to receive any pecuniary profit."<sup>27</sup> A financial arrangement which gives an employee, officer or member of the medical staff a pecuniary interest in the net earnings of a charitable corporation rather than reasonable compensation might be challenged as a "proprietary interest."

In a Washington case, a charitable hospital charged patients a sufficiently high rate to leave a "very respectable margin of profit." A co-partnership of physicians conducted a clinic on the ground floor, their laboratory and x-ray facilities being available for hospital patients. Patients paid the fees to the hospital, which in turn reimbursed the doctors at a considerably lower rate than that received from the patient. "Certainly the net earnings of such a hospital do not inure to the benefit of the clinic," said the court.<sup>28</sup>

A Mississippi case holds that a hospital may, of course, employ a physician to treat the charity patients, should it be necessary or be deemed appropriate. What may be suitable compensation is for the decision of the corporation, unless it is manifest that the payment is unreasonable.<sup>29</sup>

### Summary and Conclusions

The employment of physicians by nonprofit hospitals does not constitute the corporate practice of medicine when such employment does not in-

### References

1. Brough, R. N.: Objections Overruled, *Mod. Hosp.* 62:51 (May) 1944.
2. Clemons, J. R., and Hayt, Emanuel: Nonprofit Hospitals Are Exempt From Medical Practice Acts, *Hospitals* 19:72 (September) 1946.
- 2a. United States *v.* American Medical Association, 110 F. 2d 703.
3. Howe, F. S.: Concerning Contract Practice in Hospitals, *Hospitals* 16:37 (June) 1945.
4. Brough, R. N.: Another Vote for the Blue Cross, *Mod. Hosp.* 62:58 (June) 1944.
5. Conroy, W. A.: Economics of Anesthesiology Service, *Mod. Hosp.* 68:96 (March) 1947.
6. Resolution on Practice of Pathology in Hospitals, *J.A.M.A.* 135:1077 (Dec. 20) 1947.
7. Garland, L. H.: Radiologists Should Be Independent Practitioners in Hospitals, *Hosp. Mngt.* 63:108 (May) 1947.
- 7a. Hospital Care in the United States, pp. 546-7, Commonwealth Fund, New York (1947).
- 7b. Brodsky, Edward: Income-Sharing Formula, *Hospitals* 20:35 (March) 1947.
8. Cahal, Mac F.: Reimbursement Rears Its Ugly Head: American College of Radiology Recommends a Contract, *Mod. Hosp.* 69:48 (November) 1947.
9. Brodsky, Edward: Contract or Salary for Radiologists? *Mod. Hosp.* 69:49 (November) 1947.
10. Official Business, *Hospitals* 15:26 (July) 1944.
- 10a. "Radiologists' Relations," *Hospitals* 17:39 (August) 1945.
11. Benton County *v.* Allen, 133 P. 2d 991 (Ore.).
12. East End Hospital *v.* Evatt, 41 N.E. 2d 569, 139 Ohio St. 608.
13. Scripps Memorial Hospital, Inc., *v.* California Employment Commission, 151 P. 2d 109 (Calif.).
14. State ex rel. Miller *v.* Doss, 2 So. 2d 303 (Fla.).
15. City of Longview *v.* Markham-McRee Memorial Hospital, 152 S.W. 2d 1112, reversing 134 S.W. 2d 793, aff'd 191 S.W. 2d 695 (Tex.).
16. Northeast Osteopathic Hospital *v.* Keitel, 197 S.W. 2d 970 (Mo.).
17. Prairie du Chien Sanitarium *v.* City of Prairie du Chien, 7 N.W. 2d 832, 242 Wis. 262.
18. State *v.* Wilmar Hospital, 2 N.W. 2d 564, 212 Minn. 38.
19. Bistline *v.* Bassett, 272 P. 696, 47 Idaho 66, 62 A.L.R. 323.
20. Calais Hospital *v.* City of Calais, 24 A. 2d 489 (Me.).
21. Appeal of Parmentier, 11 A. 2d 690, 139 Pa. Super. 27.
22. Aultman Hospital Assn. *v.* Evatt, 140 Ohio St. 114, 42 N.E. 2d 647.
23. Hayt, Emanuel: Legal Basis of Tax Exemption, *Hospitals* 16:25 (January) 1945.
24. Schloendorff *v.* The Society of the New York Hospital, 211 N.Y. 125, 105 N.E. 92.
25. Scott *v.* All Saints' Hospital, 203 S.W. 146 (Tex.).
26. Re Rust, 168 Wash. 344, 12 P. 2d 396.
27. Sec. 4, Sub. 6, Tax Law.
28. Virginia Mason Hospital Assn. *v.* Larson, 9 Wash. 2d 284, 114 P. 2d 976.
29. Rush Hospital Benev. Assn. *v.* Board of Sup'r's of Lauderdale County, 192 So. 829 (Miss.).
30. In re The Associated Hospital Service of Philadelphia, Common Pleas No. 7, March Term, 1938, No. 3470.
31. Cahal, Mac F., and Nyberg M. B. A.: Economics of the Practice of Radiology, *J.A.M.A.* 135:1078 (Dec. 20) 1947.

terfere with the doctor's obligation to his patient. There is a marked distinction between the relation of the patient to his attending physician or surgeon and his relation to the radiologist, pathologist or other doctor performing ancillary services. The ordinary patient is not interested in the name or personality of the doctor who provides the special services; he assumes that in a well regulated hospital such doctors will be men of the highest skill in their specialties.<sup>20</sup>

About 86 per cent of the radiologists practicing in hospitals are employees of the hospital. Few radiologists own x-ray equipment in hospitals or collect the fees for their services or pay the technicians employed in the department.<sup>21</sup>

Some states do not permit any part of the hospital property to be rented or used for the benefit of private persons. Other states have varying interpretations for the term "exclusively for charitable purposes"; some hold that a "substantial" or "dominant" noncharitable use vitiates tax exemption; some sanction a use which is incidental to the purposes of the hospital; others allow such use as is intended primarily to make the person readily available for the hospital.

#### More General Agreement

As to the income of the hospital, there seems to be more general agreement. Since a nonprofit corporation has no one standing in a proprietary relation to it, it may not pay its net earnings or profits to any individual. Hospital income must be applied to the purposes of the institution, from whatever sources derived.

In some states, at least, a contract under which the radiologist or other specialist rendering ancillary services leases or rents part of the hospital may be in contravention of the tax exemption statutes. The statute and decisions of the particular state should be carefully examined to see the extent, if any, to which hospital property may be used for private purposes.

An agreement to divide the net earnings or profits of the corporation may be improper. The wording of the state statute and its interpretation by the courts should be analyzed before an arrangement is undertaken to share the receipts from the department on a percentage basis between the hospital and the specialist. The payment of a reasonable salary is uniformly permissible.

## SALVAGE OPERATION

### From Wartime Necessity to Peacetime Benefit

#### WILLIAM P. SLOVER

Superintendent  
Manchester Memorial Hospital  
Manchester, Conn.

IN 1943 the government put on a spirited campaign to save every possible piece of wastepaper in the country. It was wastepaper from which thousands of critical war items were made, including the packaging for overseas shipments. The paper mills of the country were desperately in need of it.

At Manchester, Conn., not only were there the usual patriotic reasons for enthusiastically campaigning for wastepaper, but we had several paper mills that could use every bit collected.

Representatives of paper mills and the public met with local newspapermen to assure collection of the maximum of wastepaper. As a result of this meeting, the Manchester Paper Salvage Committee came into existence. Its job was to sponsor the undertaking locally, collect the wastepaper, sell it at the highest price obtainable, account for the proceeds, and dispose of the money in the best interest of the community.

The question arose as to how best to invest the proceeds. Suggestions were made that they be given to the boy scouts, girl scouts, Y.M.C.A. or Red Cross. A veteran newspaperman came up with the idea that the local hospital should be the beneficiary. His reasoning was that the hospital was here to serve not any one class but the entire community. Thus it was that the proceeds were used to buy equipment that the hospital itself, because of insufficient funds, could not purchase.

During the war the net monthly income from collections was from \$300 to \$400. It was felt then that upon the cessation of hostilities the demand for wastepaper would dry up. However, experience proved that the demand was greater than ever, and the committee decided to continue the work.

The job has been going on now for more than four years—from late in 1943 to the present—and it is our feeling that it will continue probably for another year, maybe longer. During that time the net proceeds have amounted to about \$12,000.

Items purchased include the following: two operating room tables and pads of the latest design; eight wheel chairs; thirty-one patients' chairs; six germicidal light units; fifteen bedside tables; two anesthesia machines; one ether suction machine; two patients' beds with mattresses and pillows; six overbed tables; twenty-five individual bassinets of the best and latest type obtainable; two special cribs with high aluminum sides for children; eight three-panel bedside screens; one crib incubator for nursery; four oxygen tents (complete); two food trucks; two six-shelf tray trucks; two three-shelf dietary trucks; three gooseneck lamps for patients; one bedpan washer; seven card tables for patients' use; special surgical instruments, and one bronze tablet to commemorate the memory of the man, now deceased, who conceived the general overall idea of the paper salvage campaign.

#### Builds Employe Morale

This is an achievement of no mean proportions which has added materially to the fine array of equipment possessed by Manchester Memorial Hospital. Wherever possible, we have attached a little plate to the equipment on which the following words are inscribed: "Presented to Manchester Memorial Hospital by the People of Manchester Through the Wastepaper Salvage Committee." Needless to say, the new equipment has been a great morale builder for the hospital personnel.

Through community cooperation and far-sightedness on the part of certain progressive citizens, the people of Manchester have converted a patriotic wartime necessity into a peacetime benefit for their local hospital.

Above  
Dr. R.  
A. Ha  
Univers  
hospi

Tri-  
Rec  
WI

them  
teenth  
in Chi  
as wel  
pital  
that th  
than t  
dicate  
a prob  
"W  
Tri-Sta  
Each  
trum  
meeting  
room  
first sp  
stood  
room.  
600.

Aud  
Tri-Sta  
everyb  
spoke

Below  
Fund,  
Agne



Above, left: Nellie Gorgas, St. Barnabas Hospital, Minneapolis; Dr. Roger DeBusk, Evanston Hospital, Evanston, Ill., and James A. Hamilton, consultant and professor of hospital administration, University of Minnesota. Center: Dr. Herman Smith, Chicago hospital consultant, with Irene Rudolph, executive housekeeper,



St. Luke's Hospital, Milwaukee. Right: Leo G. Schmelzer, George Washington University Hospital, Washington, D.C.; Dr. Harold M. Coon, Administrator, Wisconsin General Hospital, Madison, and Merton Knisely, Administrator of St. Luke's Hospital, Milwaukee.



## Tri-State Assembly Draws Record Crowd of 6500 Executives

WITH thirty-one separate departmental sections, a dozen or more of them meeting simultaneously, the eighteenth annual Tri-State Hospital Assembly in Chicago May 3 to 5 taxed the arches as well as the intellects of the 6500 hospital executives who attended. The fact that they were late for more meetings than they were on time for did not indicate any lack of interest; it was simply a problem of mileage and traffic.

"We never wait for anybody at the Tri-State," Chairman Malcolm T. MacEachern declared, whamming the rostrum with his gavel and opening one meeting at the scheduled hour in a room that was all but empty. When the first speaker on this particular program stood up there were fifty people in the room. When he sat down there were 600.

Audience participation is always a Tri-State specialty. At some meetings, everybody stayed overtime to needle the speakers and one another and to make

impromptu speeches from the floor. At others, chairmen dispensed with a program entirely and devoted the entire period to "panel discussion"—the polite term for organized heckling. With experienced moderators like Buerki, Jones, Hamilton and DeBusk playing devil's advocate, these free-style sessions were often more rewarding than the conventional convention papers.

Loudest shot on the program was fired by Anson C. Lowitz, the advertising genius, who charged hospitals, doctors and nurses with every sin in the public relations catalog, including "badly advised, untrained public relations people" and "inept handling of public relations due to ignorance of professional techniques or knowledge of public attitudes and reactions." Among the innovations Lowitz recommended for hospitals: a New Look in nurses' uniforms ("I induced an air line to garb hostesses on its night flights in evening dress. The results were phenomenal!"); paid

advertising ("By always asking for and expecting free publicity, professional groups have automatically labeled themselves financial indigents").

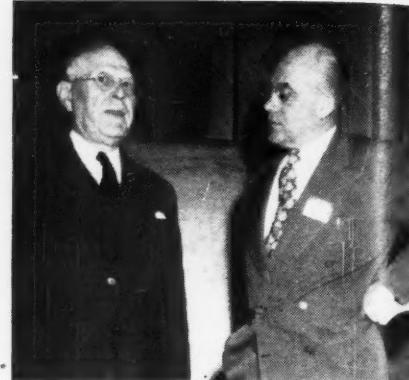
As he did last month in Kansas City and Los Angeles (see News, page 130), Lowitz blasted the hospitals' "caste system" and "reformatory school treatment" of student nurses. He also said hospitals and nurses should keep their faults and fights from the public. "Instead of militantly belittling themselves and their chosen profession by citing all of its drawbacks, leaders in nursing should sing of the glorious opportunities their profession offers to serve humanity. The front yard is no place to air torn and tattered family underwear," warned Lowitz, who thoughtfully provided the convention press room with an armful of mimeographed copies of his speech.

"Nurses Told to End Griping," said headlines featuring the Lowitz talk in one newspaper. "Hospitals Urged to Get Hep," said another, dutifully reporting the Lowitz strictures on reform school treatment of students. To some untrained, inept hospital public rela-

Below, from left to right: A.G.L. Ives, King Edward Hospital Fund, London; Dr. Kenneth Babcock, Grace Hospital, Detroit; Agnes Florence, Dixon Public Hospital, Dixon, Ill.; Arthur C.

Borcher, new administrator of the Chicago Intensive Treatment Center; Allan Barth, executive secretary, Michigan State Hospital Association.





tions people, this looked like militant belittling, if not like tattered underwear.

Not all hospital public relations problems are bungled; it developed during discussion at a general assembly on hospital-community relations. To test the effectiveness of your public relations procedures, Dr. Kenneth Babcock of Detroit's Grace Hospital told the assembly, "have an attempted assassination, preferably of a labor leader. Bring eighty reporters and forty photographers into your hospital within a few minutes after the event. Add a dozen or so policemen and a crowd of friends, relatives and curious onlookers. If you come out of that situation whole, you don't have to worry about your public relations."

Dr. Babcock was referring to the case of Walter Reuther, United Automobile Workers president, who was brought to Grace Hospital following the recent shotgun attack on him at his nearby home.

"I was away from Detroit at the time it happened," Dr. Babcock related, "and the assistant director of the hospital was in charge. Fortunately, he possesses the essential ingredients of good public relations—common sense and an attitude of fairness.

"This was apparent in the way he handled one very difficult problem. Right after the patient was taken to the operating room, the chief of police and

Above, left: Ronald Yaw, Blodgett Memorial Hospital, Grand Rapids, Mich., with Dr. E. T. Thompson, U.S. Public Health Service. Center: Martha C. Lockman, St. Barnabas Hospital Minneapolis, and George Buis, A.H.A. staff. Right: Dr. Charles S. Woods, Methodist Hospital of Central Illinois, Peoria, and Lee S. Lanpher, Administrator, Lutheran Hospital, Cleveland.

the state's attorney arrived at the hospital and insisted on seeing him. A surgical resident to whom the request was first referred refused flatly, pointing out that it was contrary to all hospital regulations and to accepted hospital procedure. However, the assistant director realized that the law enforcement officers, like the hospital, were responsible to the whole community. Once the operation started, the patient would not be available for hours. Meanwhile, he might have information that would be vitally important to the police.

"He gave the chief and state's attorney caps, gowns and masks and took them into the operating room for a few minutes before the anesthetic was given. It was the common sense answer, and the fair answer. That's public relations."

Below, left to right: Donald Cordes, Iowa Methodist Hospital, Des Moines; J. Milo Anderson, Methodist Hospital, Gary, Ind.; Ralph M. Haas, Culver Union Hospital, Crawfordsville, Ind.; H. Robert Haupt, Decatur and Macon County Hospital, Decatur, Ill.; Dr. R. H. Schmidt, superintendent of the Wisconsin State Sanatorium, Statesan, Wis.

Philosophic counsel for hospital administrators was offered at a luncheon meeting sponsored by the American College of Hospital Administrators. In an eloquent plea for honest self-analysis as the first step toward a better society, Earl S. Johnson, University of Chicago social science professor, quoted Thomas Paine: "All Truth asks is the liberty of appearing." Achievement of our democratic ideals, or at any rate, narrowing the gap between ideals and events, is the task of institutions rather than individuals, Dr. Johnson stated. "People die; institutions live," he declared. "Men can't secede from institutions. We live and achieve what we do through association with one another."

To improve institutions, and hence society, we must discard those that no longer serve us, Dr. Johnson said. Nineteenth century nationalism, for example, is "the costliest anachronism which a confused patriotism can contrive." If each generation can pass on better institutions than it inherited, we can keep moving toward our professed ideals, Dr. Johnson concluded. But we can't do this through sorrow at how little we have accomplished, or through new vows. Rather, we must "achieve a good life by rational and humane means, analyzing our failures by the laws of social science."

Within the hospital, improvement can be achieved by the administrator with "personality and ability to rise





Above, left: Messrs. Garetto, Steitz, Roessler and Rynders of the Milwaukee County Institutions. Center: Constance Long, director of nursing, Marine Hospitals, U.S. Public Health Service, and Janet M. Geister, R.N., consultant for American Association of Industrial Nurses. Right: Evanston Hospital department heads: Lela Wright, business manager; Esther Branden, chief accountant; Fred Whelpley, assistant director, and Vernon Seifert, administrative assistant.

above the details of methods and procedures in which he must be well versed, to organize and manage individual workers and inspire them to want to attain right objectives." These were the words of Nellie Gorgas of Minneapolis, addressing a meeting of hospital administration students. One important contribution the training programs can make to the hospital field, Miss Gorgas said, is to provide the needed cultural and philosophic background for top administrative performance.

The average hospital administration student is a 33 year old war veteran with a wife and one child, a B.A. degree, and a little hospital experience in and out of the army, according to a survey reported by Roy C. House of Chicago, himself a student in the Northwestern program. The House survey showed that most students, having some hospital background, felt they would get ahead faster with a degree in hospital administration. The prestige value of the degree, as well as the training itself, was mentioned by many students, Student House reported. The humanitarian aspect of hospital work was named by less than one-fourth of the responding students as a factor in their quest for hospital know-how.

Following the talks at the student session, pupils and teachers exchanged sharp rejoinders on how fast and how far a young graduate should progress in

the field. Miss Gorgas and James A. Hamilton, director of the University of Minnesota hospital course and moderator, thought most graduates set their sights "too high too quick" on top jobs in big hospitals. "I'd like to see our graduates in overalls for a few years when they first enter the field," said Teacher Hamilton. But, objected a student, the training programs are aimed at teaching broad administrative responsibilities, and the average graduate is too young and inexperienced for top administrative jobs. At the same time, the administrator who is seeking a department head will usually choose not a hospital administration graduate but a specialist in accounting or laundry management or some other specific field.

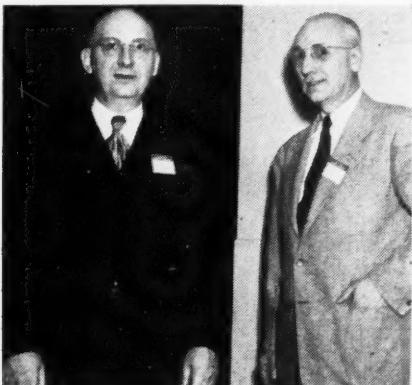
Two answers were suggested for graduates: (1) administrative assistantships in large hospitals and (2) small hospitals. In addition, said Hamilton, "the whole philosophy of students and course directors probably needs toning down."

Another lively discussion followed

talks on nursing by Everett Jones of The Modern Hospital Publishing Company and Constance Long of the U.S. Public Health Service. Jones emphasized the need for more (up to 65 per cent of nursing service) practical nurses and nurse's aides. Miss Long said part of the trouble was that many housekeeping, dietary and other departmental functions were still improperly thought of as nursing services. Economy in nursing service can be achieved through better organization and, especially, better supervision, as well as by using more practical nurses and aides, she said.

After that, everybody got into the act. Somebody said if you saved money by using practical nurses, the money should be spent on higher salaries for the graduates, who would necessarily take on supervisory responsibilities. Merton Knisely of Milwaukee pointed out that such graduates should first be trained as supervisors. Elizabeth Moran of Detroit described that city's vocational training plan for practical nurses.

Below, left: Dr. Robert Brown, St. Luke's Hospital, Chicago, chats with Nicholas Herrig, Kankakee Clinic, Kankakee, Ill. Center: Edwin Fetterman, purchasing agent, and Vernon Root, superintendent, Community Hospital, Battle Creek, Mich. Right: Administrators in the making J. William Edler and Ray K. Bolinger, graduate students in the Northwestern course in hospital administration.





Above, left to right: Sister Mary Reginald, Mount Mercy Hospital and Sanitarium, Dyer, Ind.; Robert E. Henwood, student at Northwestern University; Grace T. Crafts, Madison General Hospital, Madison, Wis.; Antonia Ramos, Dr. Pila Hospital, Ponce, P.R.; John A. Gillette, laundry manager, Mount Sinai Hospital.

But "housekeeping is not nursing," warned A.H.A. President-Elect Joe Norby. "I am opposed to providing inadequately trained persons to take care of the sick," he declared. He disagreed with Jones' criticism, expressed in his talk, of the national student nurse recruitment campaign. "Our supply of nursing service is short," he said. "There's not much point in arguing about why this is so, when we should be doing something."

While we are recruiting students we should also be making a critical appraisal of our nursing schools, Norby acknowledged. He said the present training program is often "plagued by tradition" and "characterized by orthodoxy rather than realism." "I believe we can provide adequate training in two years, and possibly less in a few schools," Norby concluded. "We shouldn't develop any group of nurses who do not nurse."

Another discussion that livened the air in the big meeting hall was touched off by Frank Selfridge, fiery president of the board of managers of the Highland Park Hospital, Highland Park, Ill., who

said hospital boards should represent the whole community, not just the wealthy element and the "right side of the tracks."

"You got any motormen, any union members, on your own board?" asked Moderator Hamilton.

"We have board members from both sides of the tracks," Selfridge replied. "I'm president, and you can have one of my two dollars!"

In a last-day session devoted to long-term planning and the financial outlook for hospitals, Albert Scheidt of New Orleans and Maurice Norby of the A.H.A. staff sounded a note of caution on hospital expansion, based on evidence of slackening demand for hospital facilities. Statistics presented by Scheidt and Norby were borne out in corridor gossip, which reported a sprinkling of empty beds, especially in obstetric departments, and an increasing tendency of patients to specify lower cost accommodations.

In elections held during the assembly, the hospital associations of Illinois, Michigan and Indiana elected the following officers: **Illinois Hospital Asso-**

ciation: president (reelected), Victor S. Lindberg, Springfield; first vice president, Leo M. Lyons, Chicago; second vice president, Rev. John W. Barrett, Chicago; secretary-treasurer, Leslie D. Reid, Chicago; trustees (for three-year terms), Stuart K. Hummel, Joliet, and Rev. Joseph A. George, Chicago.

**Michigan Hospital Association:** president, Ronald D. Yaw, Grand Rapids; president-elect, E. Dwight Barnett, M.D., Detroit; first vice president, Rev. W. C. Perdew, Kalamazoo; second vice president, Sister Martina, Detroit; treasurer, B. D. Dann, Muskegon; trustees, Kenneth Babcock, M.D., Detroit; Albert E. Heustis, M.D., Coldwater; I. R. Peters, Detroit.

**Indiana Hospital Association:** president, Sister M. Vincentiana, Lafayette; president-elect, J. Milo Anderson, Gary; vice president, Helen Boyer, Bedford; treasurer, Frank G. Scheffler, Terre Haute; executive secretary (reelected), Albert G. Hahn, Evansville; trustees (terms of three years), Maude Woodward, Frankfort, and John M. King Richmond. Trustee to fill unexpired term of A. J. Sullivan, expiring 1950, E. C. Moeller, Fort Wayne. Trustee for one year as retiring president, Sister Andrea, Indianapolis. Holdover trustees, Robert E. Neff, Indianapolis, J. B. H. Martin, Sister M. Amelia.

The Wisconsin Hospital Association, fourth member of the misnamed assembly, elected officers earlier in the year.

Below, left: Members of the Hospital Industries Association sponsored a quiz program on Wednesday afternoon and donated \$800 in silver dollars to contestants. From left to right are: E. Jack Barns, president of H.I.A.; John Harrington, CBS announcer, and George Hooper, a trustee of the association. Right: Dr. DeBusk with two members of the staff of Cook County Hospital in Chicago and Fred A. Hertwig, recently appointed warden of the institution.



# HOW TO SAVE SURGICAL GAUZE

JOHN L. BROWN

Director, Middlesex Hospital, New Brunswick, N. J.

), Victor  
vice pres-  
o; second  
T. Barrett,  
Leslie D.  
three-year  
quiet, and  
go.  
sociation;  
and Rap-  
t Barnett,  
lent, Rev.  
second vice  
Detroit;  
son; trus-  
Detroit;  
oldwater;

on: pres-  
Lafayette;  
Anderson,  
yer, Bed-  
er, Terre  
elected),  
trustees  
the Wood-  
H. King,  
expired  
1950,  
trustee for  
t, Sister  
er trus-  
anapolis,  
lia.  
ociation,  
d assem-  
year.

This inclination toward fixed habit, coupled with the fact that new and more economical products are constantly being developed by suppliers, makes it necessary for the administrator to be perpetually vigilant if he would keep his costs at a minimum.

There are few more fertile fields for investigation of costs than the use of surgical dressings and allied materials. Every hospital spends thousands of dollars a year for various sorts of dressings, and it behoves every administrator to know that he is getting the most for his hospital's money in the product he buys and in the way it is used after he gets it. Not only must

he make certain that the right article is properly used, but he must make equally certain that the smallest practicable number of units of the article are used for any given operation.

One way to conduct a study of the use of surgical dressings is to proceed according to the following plan:

1. Make a list of all the dressing materials you now purchase.
2. Distribute this list to each nursing supervisor with the request that she make a tabulation of all the uses to which each item is put in her department.
3. Call a meeting (or series of meetings as necessary) of all supervisors.

## Changes Made in Surgical Dressings—and Their Advantages

FUNCTION	FORMERLY USED	NOW USED	ADVANTAGE*
1. Preparation of skin for various injections	Gauze sponges, 4 by 4 inches	Cotton balls, large and medium	Tremendous saving. 1000 4 by 4 sponges, cost \$15.35; 1000 large cotton balls, cost \$2.13; 1000 medium cotton balls, cost \$1.93
2. All sponge uses outside operating room (about 60 per cent of total sponge uses)	Gauze sponges, 4 by 4 and larger	Cotton filmated sponges, 4 by 4, 3 by 3, 2 by 2	Savings from use of smallest possible sponge and less expensive filmated sponge. 1000 gauze sponges 4 by 4, cost \$15.35; 1000 cotton filmated sponges 4 by 4, cost \$13.30
3. Pads under patients with any type of drainage	Quilted pads made in hospital	Disposable manufactured absorbent pad with waterproof nonabsorbent back	Saves nurses' time, lessens laundry load, saves soiling linen; greatly improved absorbing quality of pad. No more expensive, all factors considered
4. Adhesive	Assorted widths on same roll	Separate rolls for each width. Use narrowest practical width and shortest practical length	Avoids waste of least used widths. Narrower widths and shorter lengths save adhesive
5. Perineal pads	3 1/2 by 10 inch cotton filled pads for all female hospital patients (two at once on maternity patients)	3 1/2 by 12 inch cotton filled tableless pads with T-binders for maternity patients (one at a time); smaller cellulose filled pads for other female patients	Tremendous saving in using one pad instead of two; cellulose filled pad adequate for uses other than on maternity patients and much less expensive

\* Cost savings based on current prices.



Above, left to right: Sister Mary Reginald, Mount Mercy Hospital and Sanitarium, Dyer, Ind.; Robert E. Henwood, student at Northwestern University; Grace T. Crafts, Madison General Hospital, Madison, Wis.; Antonia Ramos, Dr. Pila Hospital, Ponce, P.R.; John A. Gillette, laundry manager, Mount Sinai Hospital.

But "housekeeping is not nursing," warned A.H.A. President-Elect Joe Norby. "I am opposed to providing inadequately trained persons to take care of the sick," he declared. He disagreed with Jones' criticism, expressed in his talk, of the national student nurse recruitment campaign. "Our supply of nursing service is short," he said. "There's not much point in arguing about why this is so, when we should be doing something."

While we are recruiting students we should also be making a critical appraisal of our nursing schools, Norby acknowledged. He said the present training program is often "plagued by tradition" and "characterized by orthodoxy rather than realism." "I believe we can provide adequate training in two years, and possibly less in a few schools," Norby concluded. "We shouldn't develop any group of nurses who do not nurse."

Another discussion that livened the air in the big meeting hall was touched off by Frank Selfridge, fiery president of the board of managers of the Highland Park Hospital, Highland Park, Ill., who

said hospital boards should represent the whole community, not just the wealthy element and the "right side of the tracks."

"You got any motormen, any union members, on your own board?" asked Moderator Hamilton.

"We have board members from both sides of the tracks," Selfridge replied. "I'm president, and you can have one of my two dollars!"

In a last-day session devoted to long-term planning and the financial outlook for hospitals, Albert Scheidt of New Orleans and Maurice Norby of the A.H.A. staff sounded a note of caution on hospital expansion, based on evidence of slackening demand for hospital facilities. Statistics presented by Scheidt and Norby were borne out in corridor gossip, which reported a sprinkling of empty beds, especially in obstetric departments, and an increasing tendency of patients to specify lower cost accommodations.

In elections held during the assembly, the hospital associations of Illinois, Michigan and Indiana elected the following officers: Illinois Hospital Association:

president (reelected), Victor S. Lindberg, Springfield; first vice president, Leo M. Lyons, Chicago; second vice president, Rev. John W. Barrett, Chicago; secretary-treasurer, Leslie D. Reid, Chicago; trustees (for three-year terms), Stuart K. Hummel, Joliet, and Rev. Joseph A. George, Chicago.

**Michigan Hospital Association:** president, Ronald D. Yaw, Grand Rapids; president-elect, E. Dwight Barnett, M.D., Detroit; first vice president, Rev. W. C. Perdew, Kalamazoo; second vice president, Sister Martina, Detroit; treasurer, B. D. Dann, Muskegon; trustees, Kenneth Babcock, M.D., Detroit; Albert E. Heustis, M.D., Coldwater; I. R. Peters, Detroit.

**Indiana Hospital Association:** president, Sister M. Vincentiana, Lafayette; president-elect, J. Milo Anderson, Gary; vice president, Helen Boyer, Bedford; treasurer, Frank G. Scheffler, Terre Haute; executive secretary (reelected), Albert G. Hahn, Evansville; trustees (terms of three years), Maude Woodward, Frankfort, and John M. King, Richmond. Trustee to fill unexpired term of A. J. Sullivan, expiring 1950, E. C. Moeller, Fort Wayne. Trustee for one year as retiring president, Sister Andrea, Indianapolis. Holdover trustees, Robert E. Neff, Indianapolis, J. B. H. Martin, Sister M. Amelia.

The Wisconsin Hospital Association, fourth member of the misnamed assembly, elected officers earlier in the year.

Below, left: Members of the Hospital Industries Association sponsored a quiz program on Wednesday afternoon and donated \$800 in silver dollars to contestants. From left to right are: E. Jack Barns, president of H.I.A.; John Harrington, CBS announcer, and George Hooper, a trustee of the association. Right: Dr. DeBusk with two members of the staff of Cook County Hospital in Chicago and Fred A. Hertwig, recently appointed warden of the institution.



# HOW TO SAVE SURGICAL GAUZE

JOHN L. BROWN

Director, Middlesex Hospital, New Brunswick, N. J.

), Victor  
vice pres-  
; second  
. Barrett,  
Leslie D.  
three-year  
quiet, and  
go.  
ociation;  
and Rap-  
Barnett,  
ent, Rev.  
ond vice  
Detroit;  
on; trus-  
Detroit;  
ldwater;

n: pres-  
afayette;  
nderson,  
er, Bed-  
er, Terre  
(lected),  
trustees  
Wood-  
King,  
expired  
g 1950,  
tee for  
Sister  
r trust-  
napolis,  
a.  
ciation,  
assem-  
year.

WITH hospital operating costs at an all time high, economy in the use of both supplies and the time of personnel has never been as necessary as it is today. And if your hospital is like most, investigation will prove to you that there are many ways in which you can economize in both supply expenses and personnel time without cutting the standard of service.

Man is a creature of habit, and people who work in hospitals are no exception. Have you ever asked an employe why he does something in a certain way and received the reply, "Why, that's the way I always have done it"? It has happened to all of us.

This inclination toward fixed habit, coupled with the fact that new and more economical products are constantly being developed by suppliers, makes it necessary for the administrator to be perpetually vigilant if he would keep his costs at a minimum.

There are few more fertile fields for investigation of costs than the use of surgical dressings and allied materials. Every hospital spends thousands of dollars a year for various sorts of dressings, and it behooves every administrator to know that he is getting the most for his hospital's money in the product he buys and in the way it is used after he gets it. Not only must

he make certain that the right article is properly used, but he must make equally certain that the smallest practicable number of units of the article are used for any given operation.

One way to conduct a study of the use of surgical dressings is to proceed according to the following plan:

1. Make a list of all the dressing materials you now purchase.
2. Distribute this list to each nursing supervisor with the request that she make a tabulation of all the uses to which each item is put in her department.
3. Call a meeting (or series of meetings as necessary) of all supervisors.

## Changes Made in Surgical Dressings—and Their Advantages

FUNCTION	FORMERLY USED	NOW USED	ADVANTAGE*
1. Preparation of skin for various injections	Gauze sponges, 4 by 4 inches	Cotton balls, large and medium	Tremendous saving. 1000 4 by 4 sponges, cost \$15.35; 1000 large cotton balls, cost \$2.13; 1000 medium cotton balls, cost \$1.93
2. All sponge uses outside operating room (about 60 per cent of total sponge uses)	Gauze sponges, 4 by 4 and larger	Cotton filmated sponges, 4 by 4, 3 by 3, 2 by 2	Savings from use of smallest possible sponge and less expensive filmated sponge. 1000 gauze sponges 4 by 4, cost \$15.35; 1000 cotton filmated sponges 4 by 4, cost \$13.30
3. Pads under patients with any type of drainage	Quilted pads made in hospital	Disposable manufactured absorbent pad with waterproof nonabsorbent back	Saves nurses' time, lessens laundry load, saves soiling linen; greatly improved absorbing quality of pad. No more expensive, all factors considered
4. Adhesive	Assorted widths on same roll	Separate rolls for each width. Use narrowest practical width and shortest practical length	Avoids waste of least used widths. Narrower widths and shorter lengths save adhesive
5. Perineal pads	3 1/2 by 10 inch cotton filled pads for all female hospital patients (two at once on maternity patients)	3 1/2 by 12 inch cotton filled tableless pads with T-binders for maternity patients (one at a time); smaller cellulose filled pads for other female patients	Tremendous saving in using one pad instead of two; cellulose filled pad adequate for uses other than on maternity patients and much less expensive

\* Cost savings based on current prices.

Request that each one bring her tabulation to the meeting.

Arrange to have present at the meeting a qualified representative of a reputable manufacturer of surgical dressings. He should have with him samples of every type of surgical dressing item manufactured by his company.

Using the list of the articles you now purchase, ask each supervisor for a report of the uses to which each is put.

Ask the opinion of the manufacturer's representative on uses of each article. He may know of a more economical product than you now use,

one which will serve the purpose as well or possibly even better.

Proceeding in this manner down the list of items and uses, arrange with the manufacturer's representative to deliver a trial supply of any new items which the discussion has indicated are worth a trial.

When you have gone through the entire list of articles now purchased and have agreed upon possible substitutes for certain purposes, prepare in the meeting—and only after adequate discussion—a new list of articles and uses based upon your collective discussions and agreements.

4. Distribute this new list to all nursing supervisors with the request that the various items be used as agreed upon in your meeting.

5. Allow several weeks to elapse and call the same group together again to evaluate the results of its efforts and make changes in routine as necessary.

This method of handling the problem can have gratifying results as is indicated by the accompanying tabulation of a few of the most important changes that have been made as the result of its use in Middlesex General Hospital.

## VOLUNTEER ACTIVITIES

### Equipped by Coupon

Soap coupons have equipped a kitchenette for head nurses at Evanston Hospital, Evanston, Ill., and have supplemented the regular equipment in the diet kitchen and the social service department. Marian Carpenter, the second vice president of the auxiliary, is in charge of soap wrappers and patrons deposit them at the Auxiliary Shop. Some things are normal again, even if the world is in a turmoil.

### Students Are Beneficiaries

Only projects relating to students in the school of nursing benefit from the profits of the gift shop run by the auxiliary of Presbyterian Hospital of Pittsburgh. The latest large gift is \$2500 for a station wagon to transport nurses and supplies from the nurses' home on the north side to the hospital.

The school will celebrate this month its 50th anniversary. Back for the event will be many graduates now scattered in every state in the Union, Canada, Panama, Canal Zone, China, India, Siam and Lebanon. Anniversary events will be spread over six days.

The aid society of the hospital recently voted \$2000 for hospital equipment and supplies. With this sum there will be purchased shelves for the staff library, a rotator for the whole blood bank, venetian blinds, Windsor chairs, stainless metal utensils, and dishes for ward patients.

### Sisters Set a Record

The United Order of True Sisters of Los Angeles may have a flamboyant name but it has an impressive record. Last year the U.O.T.S.L.A. distributed more than 2500 books and 6000 magazines to clinic patients of Cedars of Lebanon Hospital, the Mobile Library chairman, Sara Mandel, reports. Hospital patients, too, reaped great benefits from the circulating library.

### The Shop Comes to the Patients

Volunteers of high school age are carrying gift shop items to bed patients at Middlesex Hospital, Middletown, Conn. The Service Shop has bought baskets, and the girls, during afternoon hours, carry the baskets, stocked with toilet articles, cosmetics, candy, cigarettes, magazines, stationery, greeting cards, and handkerchiefs, to the private rooms and wards. Two or three girls report for duty each afternoon; they have substitutes in case illness or an important date interrupts their schedule. Easter business in the auxiliary's shop was really rushing.

### Out of the Hands of Babes

The high powered woman's auxiliary of Community Hospital, Geneva, Ill., puts on dashing events that rake in thousands of dollars, but an unofficial group has touched the corporate heart of an institution more or less injured to lucrative style shows, community fairs and cook book sales.

Recently, 7 year old Mary Qualey and her girl friend, Phebe Hutchings, entered the front door and put into the superintendent's hand the proceeds of a neighborhood show. The show had been billed in advance by a bit of modern poster art as a "Benefit for Community Hospital."

For the moderate sum of a penny a head, the neighborhood folk turned out, and the hospital's coffers were swollen by a warm and slightly sticky 50 cent piece.

### No Strings Attached

The women's auxiliary of Nassau Hospital, Mineola, N.Y., has untied the strings to its moneybags. Hereafter, all financial support given by the various branches to the hospital will not be earmarked for specific purposes but will be put into a special fund that will be used as the administration sees fit.

### Toll Bridges

Mrs. Frank Hermes of New Rochelle, N.Y., chairman and founder of the New Rochelle Hospital church bridge committee, recently reported that \$36,000 has been raised since the "bridges" were begun in 1939. Last year's toll was \$3600; the money goes for equipment and furnishings of rooms in the new hospital buildings and for "borderline cases."

to all  
request  
used as

elapse  
er again  
efforts  
s neces-

e prob-  
s as is  
g tabu-  
portant  
the re-  
General

## Control Is the Word That Counts in

# PURCHASING AND INVENTORY CONTROL

**ROBERT WHITEFOOT Jr.**

Purchasing Agent  
St. Mary's Hospital  
Detroit

SOME time ago it was deemed advisable to revise an outmoded purchasing and inventory control system at St. Mary's Hospital, Detroit. A survey was made of the physical assets and liabilities, and the following centralization program was planned: (1) centralization of storerooms to expedite and coordinate efficiently the filling of stock requisitions; (2) control purchasing by the use of new printed purchase orders, purchase and stock requisitions; (3) inventory control established by the use of stock cards and files.

### CENTRALIZED HOUSE SUPPLIES

One of the most apparent liabilities immediately recognized was the decentralization of the available store-rooms used for "house" supplies. Four individual adjacent rooms previously used for the storage of supplies were combined by having three walls removed. The result of this remodeling was a centralized supply room large enough to accommodate the storage of supplies frequently dispensed in the operation of the hospital. Central storage is considered fundamentally necessary to expedite the filling of stock requisitions with as little loss of time as possible. It is also possible better to control the inventory function by following this procedure.

Our next step in this organizational work was to use to best advantage the available storage space by proper placement of the metal shelving which we were luckily able to acquire on short notice. Metal units purchased were in individual sections 18 inches deep

by 36 inches wide by 84 inches high, having five adjustable shelves. These units were placed back to back, six units bolted together, so that each complete unit when set up covered an area 36 inches wide by 108 inches long.

Access to each side was gained by having 34 inch aisles between the units. Shelf height was determined by the type of material to be stored, and, in addition, consideration was given to placement of the most frequently used stock so that stock trucks, which were to be used in the aisles, would have to be moved as little as possible in filling requisitions.



Storage space is used to the best advantage by the proper placement of metal shelving.

A standard purchase order form was adopted giving all information regarding purchases, namely, purchase order number, date, supplier's name, address, full description of items purchased, price quoted, delivery date, terms, discount, shipping instructions, and whether F.O.B. shipping point or destination. A standard stock requisition form was to be used in duplicate by all departments. This form was to be used only for items carried in the stores stock. A standard purchase requisition form in duplicate was to be used for the requisitioning of all items to be purchased from an outside vendor. Items carried in stock can be checked against the stock catalog.

These requisitions should be approved by the division heads. With the requisitions properly filled out and signed, the purchasing department or storeroom should have no trouble either in buying or in filling orders.

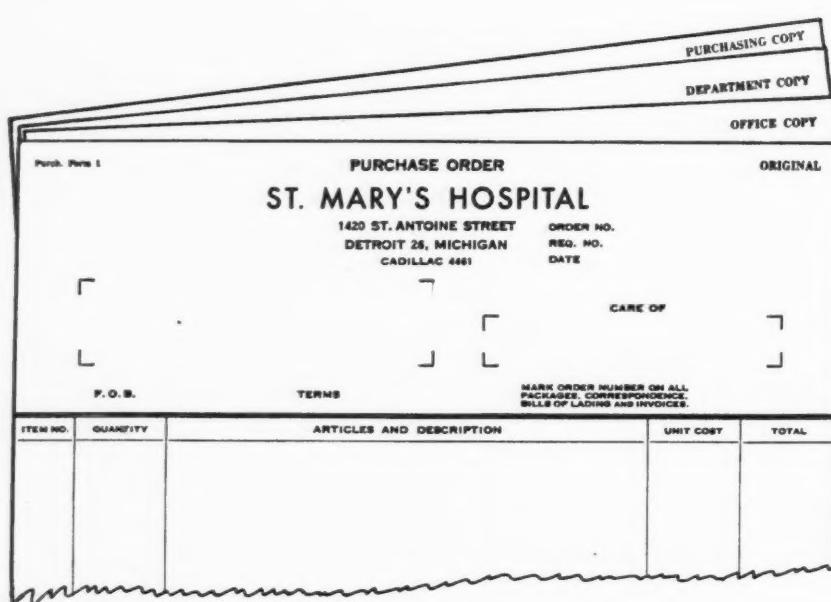
### FILLED OUT IN DUPLICATE

Duplicate requisitions are filled out, and one copy is given to the department that issues the requisition so that it can readily check the items requested upon delivery.

A general outline of rules governing purchases, receiving and invoice payments is as follows:

1. The only valid commitment of the hospital for the purchase of any item shall be a purchase order issued only by the purchasing department and signed only by the purchasing agent or the administrator.

2. No purchase order shall be issued



**Above:** The purchase orders are filled out in quadruplicate.

**Below:** One of the forms used to control stock inventory.

without the authority of a purchase requisition signed for approval by the administrator.

3. All deliveries of goods must be made to the receiving department, except perishable food, which will be made direct to the main kitchen's receiving clerk.

## **PRICES MUST AGREE**

4. Payments of invoices shall be made only when the purchasing department has certified that the prices are in agreement with the prices stated on the purchase order or with prices later agreed to by the purchasing agent, and that delivery has been received for quantity and goods stated on the invoice.

The purchase order form which our hospital adopted was an 8½ by 11 inch four-part form using insertible car-

bons. The original white copy is the vendor's order. The duplicate, canary colored, is the accounting office record. The triplicate, blue, copy is the departmental record, and the quadruplicate form is printed on a heavier ledger paper, buff colored, which serves as a purchasing or receiving commitment record. Both the duplicate and the quadruplicate forms vary from the original and triplicate forms only in that they also include a box space at the bottom of the sheet to record receiving and invoice payment data.

The striking efficiency of stock control is based on the simple principle that stock balances mean little unless they are interpreted in terms of the time required to consume and the action required to maintain the stock. Major advantages to be considered in the proper operation of a stock con-

trol system are: (1) to keep inventory in balance with demand; (2) to prevent controllable shortages; (3) to reduce overstocks; (4) to simplify ordering; (5) to save executive and clerical time.

With this thought in mind we chose to control our stock inventory by adopting a card index system. This system consists of three standard forms, giving at a glance the record of orders and receipts, the record of consumption, and the record of in, out and balance.

The record of orders and receipts indicates the name of the article, date purchased, vendor, quantity, list price, discount and inventory cost. These are listed under the "Ordered" column. Under the "Received" column are listed the quantity and the date the material is actually received.

**USE AUTOMATIC SIGNALS**

The record of consumption lists the vendors' names, the monthly disbursements, and the yearly totals. This information is listed on two 4 by 5 inch cards which are filed side by side in the pocket. The record of in, out and balance shows the date the disbursement is posted, the order number (or requisition number), received, used, total month to date, and balance columns. This information is given on an 8 by 5 inch card which faces the pocket showing the receiving and consumption lists. Automatic signals are placed over the figure on the chart edge corresponding to the current balance. These signals vary in color scheme indicating "Order Point" quantities.

Various colors indicate either units, tens, hundreds or thousands, depending upon the method used to indicate how the item is dispensed. When making an entry, the stock record clerk simply sets the signal at the position on the chart showing the number of pieces of stock remaining on hand. Immediately this signal flashes a visual indication of the number of weeks' or months' supply on hand and, at the same time, shows whether there is an understock, normal stock, or overstock.

It is necessary to take many things into consideration before deciding whether it is more practical to incorporate a perpetual or an annual control of inventory. Much can be said pro and con about each system. It is generally conceded that for the hospital of 250 beds or over the perpetual system has more advantages than has the annual.

## **City Owned Hospitals Can Save by**

# **CENTRALIZING FORMULA PREPARATION**

SOME general acute hospitals have two formula rooms: one on the maternity service and one on the pediatric service; others have one for both services, and every maternity hospital must have at least one formula room.

The formula room is a highly important adjunct in a hospital. There, the nourishment needed to sustain life is being prepared for the newborn infants of the maternity division, and so is added sustenance for the younger children of the pediatric division. Occasionally, however, the source of illness, and even death for infants and children, is also prepared in the formula room.

When an epidemic of dysentery or other sickness breaks out among the babies in the nurseries, the first place that is checked for the cause or source is the formula room, and often, too, that is where the trouble is found. Because of some laxity in the aseptic technic required in the preparation of formulas, or for some other cause, a whole day's supply could become contaminated and wreak havoc among the little patients. Therefore, the greatest vigilance is required to maintain aseptic cleanliness.

Feeding bottles must be thoroughly washed and sterilized before they are sent into the preparation area; formulas must be carefully prepared, placed

in a sterile wrapper, sterilized again before leaving the formula room, and then kept in an aseptically clean refrigerator. The personnel working in the formula room must be in absolutely sound health, well trained, and thoroughly disciplined to exercise the utmost care.

There must also be rigid administrative supervision of the formula room and the technic of formula preparation. And, of course, there must be ample well lighted and air-conditioned working space and modern (albeit costly) equipment.

All of this cannot always be achieved under a decentralized plan with formula rooms in every hospital, such as New York City's present setup, but could, I am certain, be achieved under a central formula preparation and distribution plan.

Every city government or the departments of hospitals in both large and small cities which operate and administer city owned hospitals could contract with existing reputable, well equipped and well administrated laboratories for the daily supply of pre-

pared formulas. And this is applicable not only to city owned hospitals but also to voluntary and proprietary general and maternity hospitals.

In the case of large cities like New York, Chicago, Boston and Detroit, where there are numerous hospitals municipally owned and operated, central laboratories could be built for this purpose. In both cases, the central source for the preparation and distribution of formulas will result not only in the saving of costs to the cities and other hospitals but also in less hazard to the infants and babies.

Of course, the question might be raised about formulas for the infants who are born in the hospitals or who are brought into the hospitals between formula deliveries. The answer to that is that some extra supply of formulas could be arranged for with each delivery to meet such emergencies.

There are many items nowadays being delivered to hospitals from central points. Bread comes from central bakeries. Raw and frozen foods, drugs and other supplies come from central warehouses; so why not have central laboratories for the preparation and the distribution of formulas?

The question might also be raised as to what would be done about training student nurses in the technic of preparing formulas. This can be answered in two ways. First, since there will not be any preparation of formulas in the hospitals, there will not be any need to train student nurses in the technic. Second, if that part of training is not to be eliminated from the student nurses' curriculum, they could be assigned for a specific period either to the municipally owned central formula laboratories or as affiliates to private laboratories where they would receive their training in how to prepare formulas for infants and babies.

**ALEXANDER BERESNIAKOFF**

Architect, Hospital Projects, New York City

## **WRITE FOR YOUR VOLUME INDEX**

If you bind your volumes of *The MODERN HOSPITAL* you will want the index to volume 69, covering issues from July through December 1947. Continued shortage of paper prevents its publication in the magazine. Write to 919 North Michigan Avenue, Chicago 11, Illinois.

# PLAYTIME IS IMPORTANT

## even in the hospital

ROSE M. CULLEN

Superintendent  
Children's Heart Hospital  
Philadelphia



The bright, well lighted playroom is stocked with all sorts of toys for children of all ages.

IS THIS the day I go to playroom?" Frankie, aged 3, would ask the floor supervisor when she made morning rounds. If the answer was "No," Frankie's big blue eyes would look sad and he would then say: "Maybe, tomorrow?"

As tomorrow's playtime was important to little Frankie during his convalescence from rheumatic fever at Children's Heart Hospital of Philadelphia, so it is to every child. Play and recreation are leisure time activities and pertain to the motive, attitude and value of the doing to the individual. Playtime for the child has not only diversional but also educational significance because it affords the child an experience in living.

### HAS THERAPEUTIC VALUE

The therapeutic value of play or recreation must not be overlooked for the child who has been ill a long time. Rheumatic fever is an illness which may remove the child from normal living for a year or more. During that time the child's growth and development must be considered mentally, socially and physically.

The playroom is the center of the recreation program at the Children's Heart Hospital, although only a portion of these activities takes place there. To the children of all age

groups, it is the headquarters of the recreational therapist, the storeroom for toys, books and games, and the spot where they participate in activities unlike hospital routine.

When the acute stage of rheumatic fever has subsided, the child is a long way from normal living and the resumption of his place in his own world. Rest is still the foundation of treatment. Expert medical and nursing care is provided as are other therapies. Among these therapies used at the Children's Heart Hospital are education, occupational therapy, social service and recreation. The coordination of these aids has greatly enhanced the growth and development of these boys and girls.

When a child is admitted to the hospital, he goes through a period of adjustment to new people and surroundings. The first steps to security and reassurance are often established by the nurse's kindly attention or a visit from another hospital worker. This is especially true with young children as was demonstrated recently when a new patient dried her homesick tears after the first visit from the recreational therapist or "Toy Lady."

Before the Toy Lady wheeled her bright cart to the bed of little Wilma, the physician's orders of "complete bed rest" had directed the hospital

staff in the care of this little patient. In order that the child may receive the full benefit of the program, the doctor prescribes a routine that includes the amount of activity he can tolerate. From time to time activity will change with the physical condition of the patient. The nurse assists in carrying out the doctor's orders and may find it necessary to return a child to his bed until he is reexamined by the physician even though this child has been going to the playroom daily.

### PROGRAMS ARE COMPLEMENTARY

Occupational therapy is described by McNary as: "Any activity, mental or physical, medically prescribed and professionally guided to aid a patient in recovery from disease or injury." As such it is closely allied with recreational therapy, and at the Children's Heart Hospital the programs are functioning so that one complements the other. The occupational therapist spends the greater part of her time providing quiet activities for the child who is confined to bed to create interest and happiness during this phase of his illness. The workers assist one another with some group activities, and both read to the children in the evening.

The social service department through its contacts with the family, private physicians or hospital, is famili-

iar with the social situation and needs of the patient. Throughout the child's stay, the social worker is the liaison between the family and the hospital. By means of staff and individual conferences social service interprets to the other hospital workers the economic and social problems of the individual patient.

The educational program is under the supervision of the Philadelphia board of education. During school hours the recreational therapist works with the preschool children only. After school, on Saturdays, holidays and during summer vacation, the older boys and girls have more time for recreational and occupational therapy. The play groups tend to follow classroom divisions. Through common interests, broader experience will result in such activities as crafts, drama, singing and group games and will further the integration of the school and recreational programs.

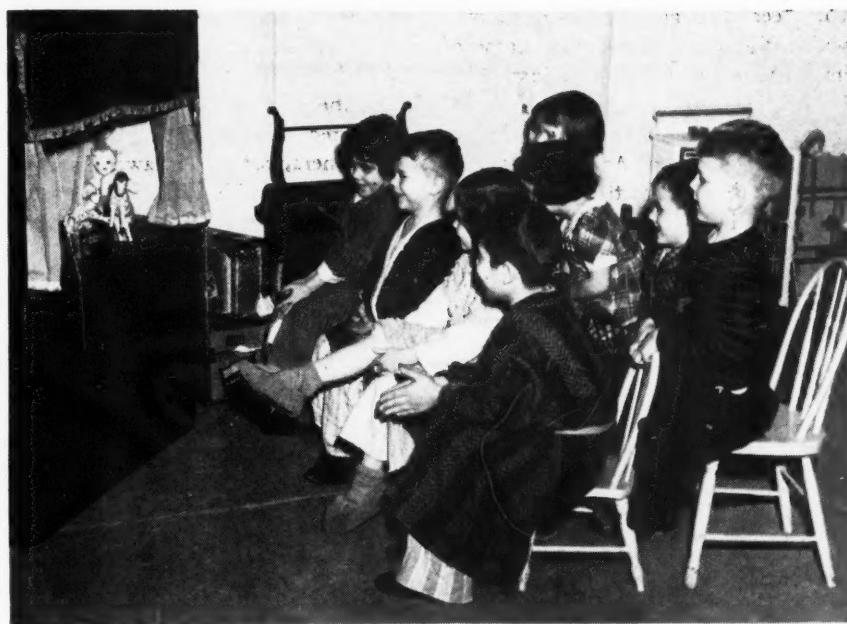
It has been accepted that children need happy, healthful social play to attain their full development. As the patients at Children's Heart Hospital are between the ages of 3 and 13, the growth processes physically, mentally and emotionally are extremely rapid.

#### FEELS LOSS KEENLY

A child removed from his own group socially may experience a keen sense of loss for which he can find no compensation. The child who has been sick one, two, three or even five years may be unable to return to school, participate in games and social functions or speak the language of former schoolmates. This is a tragedy! When such a child is guided into another group, security returns and with it a chance of success.

Recreation, a leisure time activity, may be the means of developing a skill that gives the child the needed confidence in himself. At the Children's Heart Hospital the patients, when first admitted, often express distress over failure in school and inability to carry on the games and activities of their former schoolmates. However, when these patients are discharged, they go out confidently. They have learned many new games, have acquired skills and progressed in school. The recreational program must be flexible to meet the needs at time of discharge.

When it is playtime for Frankie, Wilma and other ambulatory patients, they leave their hospital beds and ride



A marionette show is an endless source of fascination to youngsters.

down the elevator to the playroom with the recreational therapist. The playroom is temporarily located in the basement. When the hospital is enlarged it will be better situated. The present room was converted from storage space into the playroom when the staff realized the child's need for play space.

The playroom is a bright, well lighted room stocked with toys for the various ages. There are many toys for the smaller children, such as rockers, coaches, rocking horse, tricycles, trains, pull toys, dolls and dishes. The older children have games, paints, stamps, recording machine, craft tools and a place to play their games and enact their dramas.

Playtime is divided into free play and group play. Free play gives the child an opportunity to exercise free choice in the selection of toys. One day the trains or doll houses are popular; another day the table and dishes are the favorites. The fact that small children learn from adults and conditions about them is quite evident. During the war there were drilling and marching almost daily, but now the children are interested in playing hospital, doctor and nurse. On the wards, free play is somewhat restricted as the patients cannot leave their beds. Here, scrapbooks, dolls, smaller toys, books, blocks and puzzles are the means of finding enjoyment.

After the children have spent about half of the allotted time in free play, the worker asks them to put the toys away and take part in group play. This type of play is determined either by the wishes of the group or by the suggestions of the therapist. Group play may take the form of games, singing, record playing, storytelling by the leader or the children, and crafts, such as making scrapbooks and cards and decorating paper plates. Special group play may take the form of parties in which the child participates as at Halloween, Christmas, Fourth of July, and reunions of former patients. Special parties with movies, magicians, marionette shows, music and storytelling are given by outside groups or individuals.

#### DIVIDED INTO THREE GROUPS

There are three groups organized among the children of 10 years of age or older: Stamp Club, Boy Scouts and Girl Scouts. The Stamp Club is an activity conducted by a volunteer leader and assisted by our recreational therapist. Meetings are held every other week. Discussion groups are conducted on trading, auction, sales, geography and customs of the country. Many of the boys collect stamps and have an amazing knowledge of the art of philately.

The Boy Scouts meet every other Saturday under the guidance of a male

volunteer. This group has been formed within the past few months. Some of its activities have included instruction in first aid and learning the form of an organization and manner of conducting a meeting. At Christmas this group made an attractive village.

The Girl Scouts have the recreational therapist as their leader. The activities in this group have been social relations, part-singing, songs with motion, hygiene, interior decoration and the study of international friendship. This last project is closely related to school work.

The older boys and girls have group play together in the playroom where

they enjoy such games as "Concentration," Indian games or something with a "trick" in it.

In the summer, group activities are conducted by occupational and recreational therapists on the lawn. The children enjoy outside picnic suppers and their own programs to finish off those gala days.

Group play is carried on in the wards in the form of singing, reading and smaller group games. The children frequently conduct their own storytelling, reading time or singing. Visitors are delighted when the children spontaneously sing their greeting of welcome:

"Good-day, good-day, dear visitor.  
We are glad that you have come here  
today."

The advantages, the needs even, of providing recreational therapy in a long-time rheumatic fever program are demonstrated every day at Children's Heart Hospital. The child in his growth and development must be considered as a total personality, physically, mentally and socially. The child who has been ill for a long time is the cause of extra concern as the limiting factors of his illness are handicaps in bringing about normal living.

Children must have an opportunity to play, even in institutions.

## NURSES ARE NOT OVEREDUCATED

EVA H. ERICKSON, R.N.

Superintendent  
Olean General Hospital  
Olean, N.Y.

demand for hospital services which in itself brought a need for many more nurses?

Ten years ago who could have anticipated that not only would advance in medical science bring more patients to the hospitals but that we would have lived through a war which "made" for us thousands of patients whom under normal circumstances we would not have? Are not the demands of the Veterans Administration and the military service for care for these "made" patients still large and great?

Within the last decade the nurse

educators have, after a half century of development and growth, finally begun to make headway in convincing hospitals that student nurses are "students" and are enrolled in schools to learn and to be educated and not just to provide nursing service for the hospitals and to perform over and over tasks from which they learn little that is new. True realization of the educational needs of the future graduate nurses has meant the need for adding graduate nurses to the staffs of hospitals that have schools of nursing.

### APPRECIATION ADDS TO NEED

The increasing appreciation of the value of the public health nurse, of the nurse in industry, of the nurse in the doctor's office has also added to the need for more nurses.

The demand for nurses is not being met completely, and this may be due to several reasons. Many nurses have deserted the field, but this is not a new phenomenon. It has always been reported that the marriage rate is higher among nurses than it is among other professional and business women, and large numbers of nurses have always deserted the field for marriage. Only



recently has the married nurse been permitted, and even encouraged, to return to the field. The wartime demand for women in industry helped to make it much more acceptable for married women to work.

On investigation one will find that the first social workers, laboratory technicians, x-ray technicians, record librarians, occupational therapists and other allied medical field workers were often nurses—but desertion of the field of nursing for these other activities is decreasing as these groups develop their own educational programs.

Nurses have been loudly accused of leaving their profession for other more remunerative occupations. It is hard to determine how much this transfer to other fields depends upon salary increases rather than upon the individual's basic dislike for actual bedside nursing. Changes to different jobs within the field may in many cases have depended upon the possibility of obtaining higher salaries in the new position.

#### MANY SUGGESTIONS ADVANCED

To meet the problem created by shortage of nurses many suggestions have been advanced.

The one which has received most attention has been the improvement in working conditions and salaries. Surely no one objects to nurses receiving due consideration in personnel policies. But how this will attract nurses when there are no nurses is hard to see. It definitely will tend to keep them in specific nursing jobs and perhaps will aid in convincing retired nurses to return to work. But may not the constant repetition that nurses are underpaid, overworked and generally abused be the very thing that will direct new candidates for schools of nursing into other fields?

It would seem that enough publicity has been given, enough committees have been selected, enough model personnel policies have been written to allow now for quieter individually directed activity to remedy the shortcomings.

Suggested, too, to meet the shortage of nurses have been decreasing the length and lowering the caliber of nursing education, the scrapping of all nursing education and starting from scratch, and the developing of many fine categories of auxiliary nurses. Primarily, it seems there are still those who feel nurses are being overeducated.



Consider what a nurse does in the small hospital which has no interns, residents or house officers—and there is a tremendous number of patients cared for in such hospitals each year. Except for a short time each day the nurse is in full charge of the patient. Not only must she carry out the orders that the doctors leave but she must also interpret the effect of treatments given on the condition of the patient. She must constantly be alert for symptoms which demand the attention of the doctor, and she must see to it that the patients do not nullify the work of the doctor by improper activity.

The emotional aspects of illness are receiving more and more attention, and the nurse herself is often a therapeutic agent in treating emotional and mental problems. So the nurse does much more than make beds, carry bedpans and give baths. Nursing does not end with the bed bath—it begins there since the bath offers the nurse her best opportunity for observing the patient. Yet this does not mean that the only way a nurse can observe a patient is to give him a bath every day—and over and over.

Who observes patients in labor, who starts the intravenous infusions, who takes the hourly blood pressures and pulse when needed, who guards the postanesthesia patient during recovery, who watches the suction apparatus in a hospital with no interns, residents or house doctors? Who checks the constant administration of oxygen?

Can anyone suggest that the performance of these activities and their significance and use can be learned in one-year courses, or that they can be assigned to ward aides, nurse's aides, practical nurses or attendants? Can anyone suggest that all these many activities will so conveniently distribute themselves within a twenty-four hour period that the hospitals need assign only one graduate nurse to twenty or thirty patients and expect that three or four aides can do all of the less technical work? There seems to be a tre-

mendous danger that the real value and the real purpose of the graduate nurse may be irreparably damaged or destroyed by the readiness of many to feel that her work can be done by subsidiary personnel.

With the advance in medical science, the doctor has turned over to the nurse procedures that he previously performed. This is not new for it is known that when the fever thermometer was first devised only a doctor used it. As the nurse has become a more active aid to the doctor and has assumed more of his duties it seems right that she in turn leave to others those tasks which others can do, not because, as some suggest, the nurse is objecting to doing "menial" and "manual" tasks but because human endurance limits what a nurse can do.

#### SOME THINGS SHE CANNOT DO

She cannot continue to do all the mechanical book work, such as drawing lines on report books and sheets, the housekeeping of bedside tables, utility rooms and service kitchens, the cleaning of ordinary equipment, the chasing for drugs and linen and supplies, the making of empty beds, the crushing of ice for water glasses, and yet have time to perform the technical treatments and to observe and guard the patients closely.

There are many tasks that the nurse has done during the years when nurses were less costly to hire that can safely be turned over to other people now. This will leave the nurse time to perform more adequately the demanding, complicated, exacting tasks that require judgment and intellect.

Let us require that the nurses have enough training to be able to perform the many complicated technics of care of patients; enough education to understand the significance of those technics; enough broad sociological learning to appreciate and understand the many and various backgrounds of her patients and the effect of illness on the family; enough psychiatric experience and education to know what the emotional components of health and illness are and how to cope with problems arising out of unbalances, and enough broad hygiene and public health knowledge to be able to assist effectively in the prevention of disease and preservation of health.

So let us not talk of decreasing the education of a nurse. Rather let us teach her better, more completely, more fully.

## PEOPLE IN PICTURES



**ABOVE:** Discussing problems of the education of hospitalized children at the conference sponsored by the polio foundation are, l. to r., Margaret Devine, associate director, Mills School, New York; Mrs. Elaine Herne, teacher, House of St. Giles the Cripple, Brooklyn, N.Y., and Dr. Thomas G. Hopkins, principal, A. Harry Moore School for Crippled Children, Jersey City, N.J.



**LEFT:** New York's Governor Dewey talks over hospital affairs with Roy E. Larsen, president of Time, Inc., and Murray Sargent, president of the Greater New York Hospital Association.

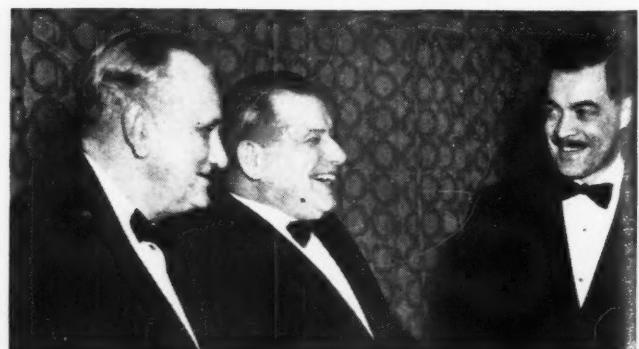


Visiting (and resident) celebrities meet in Chicago, top to bottom: John Hatfield of Philadelphia and Dr. Herbert A. Black, Pueblo, Colo.; Leo Lyons, Chicago; A. K. Parris, Baltimore; and Ken Williamson, A.H.A.; the Hahns.

Dr. Paul R. Hawley, director of the new Blue Cross-medical care organization, with Carl R. Gray Jr., V.A. chief, and Richard Jones, director of the Blue Cross Commission.



**ABOVE:** Alden B. Mills, administrator of Huntington Memorial Hospital, Pasadena, Calif., and Willine Whiteley, student nurse, (standing), and Mrs. Elsie Farthing (seated, right) look interested as William Joyce, Pasadena industrialist, hands a \$350 scholarship check to Laura L. Lehman, director of the school of nursing.



# *Human Relations: THE PRIMARY ISSUE*

## **in planning for better nursing service**

**CONSTANCE LONG**

Director of Nurses  
Division of Commissioned Officers  
United States Public Health Service  
Washington, D.C.

**T**HREE is now a rising tide of interest in nursing and nurses which if taken at its crest will effect changes that would otherwise require a generation to achieve. This is especially true of a young profession still much in the growing stage. There is a natural momentum derived principally from social forces and from public awareness; it is part of the demand for a better way of life which is shared by every vital human being.

This branching out to meet the needs of society has given nurses some rare satisfactions but in so doing we have encountered problems, too—problems of human relations that do not right themselves as readily as do those in other fields.

### **ADULT THINKING REQUIRED**

When conflicting interests arise, adult thinking is required. Adult thinking is, among other things, objective, timely, comprehensive and forward looking. It is objective because it considers problems in terms of other interests as well as its own; timely, because it faces the facts in terms of social and economic conditions as they are now; comprehensive, because it sees the problems as a whole, not atomistically, and forward looking, because it has the courage to make decisions, which, though perhaps unpopular at the time, are best in terms of the future.

When a group tries to solve the problems of other groups in the light of its own experience or special in-

Presented at the Mississippi State Hospital Association meeting, October 1947.

terests, the results are seldom either sound or sustaining. That is why it seems imperative that nurses, doctors and administrators really define their common goals in realistic terms so that their energies are marshaled to the same general end. If this is done well, it will be a basic step in establishing a foundation on which personnel policies and procedures for the nursing service, satisfactory to all concerned, could be developed.

Effective and economical utilization of nursing personnel, which is just beginning to receive the attention it deserves, requires that two primary questions be asked: What does the nursing service include and who is the appropriate person to do it? What does good nursing care include?

There are four major areas that nursing care encompasses. In order of public recognition of them they are (a) the therapeutic area, (b) the preventive area, (c) the area of positive health, and (d) the psychosomatic area. To expect a basic knowledge of these areas and daily use of this knowledge does not seem much to ask of the professional nurse, provided, of course, that her basic nursing education has been well planned. However, the time element and work load of a hospital nurse's day often force her to do substandard work.

The staff nurse with three years of preparation is asked to take over tasks which the volunteer aide did during the war with less than ninety hours of class and instruction. The head nurse spends time on requisitions, orders, inventories and clerical duties which

could be done just as efficiently by a ward clerk at far lower salary.

Because of the added expense to the patient, one cannot help but deplore the use of private duty nurses in the hospital simply and solely for the purpose of supplementing inadequate nursing service for the patients who need it. The private duty nurse in the hospital should be the exception rather than the rule, and her services should be used only when the patient needs the full-time attention of one nurse.

### **THREE YEARS TOO LONG?**

The present frequent discrepancy between standards of nursing and possible performance makes many nurses feel that three years of preparation, or more, is unnecessarily long—that a shorter period would be more appropriate for the activities demanded of them. On the other hand, the public is asking for more nearly complete and better nursing than it is getting. Better nurses require better preparation, and the better student is not attracted to schools unless the employment field is attractive.

The lack of satisfaction in nurses' daily activity is the No. 1 personnel problem among the general duty nurses in hospitals today. Its solution would go a long way toward raising standards, building cooperation, and reducing turnover.

We have tried hard for a long time to get over our problems and have found that we could not. Now we must get under them and be sure that what we build is sound because it is to last for a long time.

When adding trained auxiliary nursing service to what we now have, we must not superimpose it as a patch or a reinforcement on a weak spot, but it must be incorporated in the whole pattern of twentieth century nursing. What would such a nursing service cost? Considerably less than the present system, and for the hospital administrator who must think of the financial capacities of the patients this becomes an important consideration.

As different categories of nursing personnel find their place and their most efficient use in hospitals, the nurse personnel budget will begin to reflect the true cost of nursing care to the patient. It will then be less difficult to pay the professional nurse a salary commensurate with the demands of her work.

How can hospitals keep the nurses they now have? How are they going to cope with competition for their services? Where shall they get the additional nursing service that will be needed with the construction of more hospitals and with the expansion of hospitalization insurance plans? Additional nurses will be needed for the extension of long-range health programs, vast in scope, and to meet the demands of the public for more and better health care.

#### NURSING HAS BECOME NEWS

Recently nursing has become news, and the daily papers give it both solicited and unsolicited publicity in their news reporting and their editorial columns. Clippings from the *New York Times* alone would fill a good sized scrapbook. This has increased group consciousness among nurses and has made us more aware of the type of nurses who occupy key positions in hospitals and are representing their organizations to the public.

The careful selection of personnel for key positions, long recognized as a critical factor in the field of industry, is of inestimable importance in nursing. Human relationships are the primary issue; moreover, in its daily activities the nursing staff comprises not one but several groups, professional and nonprofessional.

The nurse selected for a supervisory or administrative position must be emotionally mature and understanding, objective and imaginative. Her knowledge of nursing care must be sound and practical. In many ways she must be an ingenious manager of people and situations because she must be able

to reconcile the interests of different groups, at the same time ensuring that all patients receive the nursing care they need in kind and amount.

The supervisor must be a person who can look to the future without prejudice, whose plans are based on long-term values rather than on immediate expediency, and who realizes the importance of meeting today's problems with an eye to tomorrow's picture. The value of the nursing service in terms of standards of performance, budgetary cost, patient satisfaction, and employee satisfaction is to a major extent influenced by the caliber of persons selected for supervision.

Working relationships must be firmly established and clearly defined between the nursing service and the administrative and medical departments of the hospital, and these should be working relationships in the true sense of the word. They should be pre-planned, not established as the need arises, and should include an opportunity for all employees in the department to participate in formulating the policies and programs that will affect them. The same channels can be used for constant dissemination of the information that should be made known to every employee about the organization for which he works.

The feeling of belongingness is more and more necessary as we go farther down the line, and pride in the organization with which one is associated is imperative for good performance. For the application of many of the principles and techniques of democratic organization, we may well look to industry for guidance. We certainly cannot afford to ignore industrial and community standards in terms of salaries, hours and vacations because they often are our most serious competition.

One of the greatest assets to a service institution or to any organization is the morale of its members. Definition of morale is difficult because it exists under many different guises and under all kinds of conditions. Often it is high where people are working hardest and feel their work is essential and low where they do not have enough to do or consider the work lacks true value.

Perhaps for our purpose it is simplest to say that good morale reconciles good performance with happy performance. It grows out of teamwork where the vitality of the team comes from the essential value of the

job to be done and the opportunity to use one's best ability to the full. Therefore, the prestige attached to the job of the nonprofessional employee is important. To give this work prestige we must establish for it recognizable boundaries that are distinguishable as a definite part in and contribution toward the welfare of the patient. Channels of supervision should be as well defined for the nonprofessional as for the professional worker.

At no time should one group feel that its work lacks the dignity of another group's. There are duties in which each one is expert, and that expertise is directed toward the patient's recovery. Either verbal or financial commendation should be given frequently and generously for superior performance. There is but cold comfort in having one's successful efforts rewarded with more work or more responsibility. The most vivid statement of what good morale means was made by Ernie Pyle. Referring to an army unit in North Africa he said, "The whole outfit vibrated with accomplishment and they were all proud together."

#### MUST REPRESENT ALL INTERESTS

It is not surprising, but it is unfortunate, that many times our treatment of personnel problems has been palliative rather than curative or constructive. The urgency of the situation, spurred on by criticism from all quarters, has led to piecemeal effort rather than to organized action. Personnel programs need wholehearted cooperation and representation of all interests concerned; otherwise, they are on a foundation of shifting sand.

Teamwork requires a common goal. The hospital exists for the welfare of the community. Improvement of the personnel programs is an essential of good service. Both professional and nonprofessional nursing is competing as a way of livelihood with other occupations for women. A nurse chooses nursing as the thing she wants to do, the occupation she likes best. It is axiomatic that people do best that which they like best.

If nurses are given an opportunity to do nursing under competent supervision and are paid adequately for it, and if the nonprofessional groups find satisfaction in their work, we shall be carried leagues forward in improvement of hospital service to the public. Furthermore, we shall reconcile good performance with happy performance.

# SMALL HOSPITAL FORUM

## THE NURSE ANESTHETIST DOES THE JOB

Anesthetic service is shared by staff physicians in some cases

A NESTHETIC service in small hospitals is still predominantly the responsibility of the salaried nurse anesthetist, a survey of several hospitals having from sixty to 100 beds reveals. Where nurse anesthetists are not used, the survey shows, the next most frequent practice is for the anesthetic to be administered by another physician on the staff; in several cases, it is frankly stated that the physician who referred the patient for surgery usually gives the anesthetic.

A few of these hospitals have physicians specially trained in anesthesiology, and in one case an intern shares the function with a medical anesthesiologist.

Gas anesthesia is still the preferred method when a general anesthetic is needed, the survey indicates. Of 11,610 general anesthetics administered in this

group of hospitals, for example, 8913, or 76 per cent, were gas anesthetics. This contrasts with the present practice in some larger hospitals, particularly in teaching centers, where as many as 55 per cent of all general anesthetics may be given by sodium pentothal or one of the other new methods, instead of by inhalation.

Spinal anesthetics are used sparingly in this group of hospitals. Of the total procedures reported, only 480 were spinal anesthetics. In most of these cases it is specified that the spinal anesthetic is administered by a physician.

Nurse anesthetists are employed in nine of twelve hospitals reporting. Salaries stated range from \$225 to \$300 a month, usually with free maintenance added. In the larger hospitals, where several anesthetists are em-

ployed, an eight-hour, six-day schedule is maintained. In smaller units the anesthetist is on call when needed for surgery and works otherwise at special nursing duties—usually in the surgical department. Some hospitals have one or two full-time anesthetists and others who work part time in anesthesia and part in nursing.

### HOSPITAL CHARGES FOR SERVICE

When the anesthetic is administered by the employed nurse anesthetist, the hospital makes the charge for anesthetic service. These charges are fairly well standardized, the survey indicates. Rates for major surgery range from \$15 to \$25 per case; some hospitals vary the amount charged according to the length of the operation. In several cases, the anesthetic charge is included in the operating or delivery room rate, and no separate charge is made.

One hospital charges from \$10 to \$18 for the services of the nurse anesthetist, depending upon the particular procedure, then adds a charge in each case for "anesthetic material"—\$5 per hour for nitrous oxide and ether, for example, \$5 for sodium pentothal and \$3.50 for procaine.

The stated charges for spinal anesthetic vary from \$10 to \$15, and the prices for the several local anesthetics range down to \$2.50 or \$2.

When the anesthetic is administered by a physician, the practice is for the physician to render his bill directly to the patient. In these instances, the hospital has no control over the amount charged; in fact, it is indicated here that the hospital does not even know what these charges are.

### THANKS TO THESE CORRESPONDENTS

#### HOSPITAL

Kent General Hospital, Dover, Del.  
Ashtabula General Hospital, Ashtabula, Ohio  
Hartford Memorial Hospital, Havre de Grace, Md.  
Wabash Employes' Hospital, Decatur, Ill.  
Newman Memorial County Hospital, Emporia, Kan.  
Citizens Hospital, Talladega, Ala.  
General Hospital, Everett, Wash.  
Jane Lamb Memorial Hospital, Clinton, Iowa  
St. Patrick's Hospital, Lake Charles, La.  
Galt General Hospital, Galt, Can.  
All Saints Hospital, Fort Worth, Texas  
Leo N. Levi Memorial Hospital, Hot Springs, Ark.

#### RESPONDENT

Dorothy Mathews  
Mary S. Reinnie  
Robert S. Hoyt  
Neva G. Bridgman, R.N.  
Zillah Leasure, R.N.  
Bethena Hilsman  
Cecile Tracy Spry  
Margaret R. Kirkpatrick  
Sr. M. Mildred  
Stella J. Sewell  
Eva M. Wallace  
Regina H. Kaplan

#### BEDS

60  
72  
74  
75  
87  
90  
100  
100  
101  
103  
110  
112

# ABOUT PEOPLE



**Dr. George Findlay Stephens**, past president of both the Canadian Hospital Council and the American Hospital Association, and for

many years a member of the editorial board of *The MODERN HOSPITAL*, died April 29 in Vancouver, B.C. He was 63 years old. Born in Winnipeg, Dr. Stephens was graduated in medicine from McGill University in 1907 and did postgraduate work in England and Europe. After service in the Canadian Medical Corps during World War I, he took over the superintendence of Winnipeg General Hospital, Winnipeg. He served in that capacity for twenty-one years, then became superintendent of Royal Victoria Hospital, Montreal. After nine years there, he resigned in 1947 because of ill health.

Dr. Stephens is survived by his widow, three daughters and a son, Graham, who is assistant administrator of Barnes Hospital, St. Louis.

## Administrators

**William L. Wilson Jr.** has been appointed administrator of Mary Hitchcock Memorial Hospital, Hanover, N.H., succeeding the late Donald S. Smith, and will assume his duties there about July 1. A graduate of Dartmouth College, Mr. Wilson took a course in hospital administration at the University of Chicago. He has been administrator of the George F. Geisinger Memorial Hospital, Danville, Pa., since 1939.

**Leonard Schomberg**, business manager of Little Traverse Hospital and Burns Clinic, Petoskey, Mich., for the last nine years, became administrator of the hospital April 1. **Dr. Dean Burns** continues as chief of staff and medical director of the hospital, as well as the clinic.

**Ruben C. Idstrom** has resigned as administrator of Rice Memorial Hospital, Willmar, Minn., to accept a like position at Montana Deaconess Hospital, Great Falls, Mont.

**Lester C. Mortrud**, formerly business manager at Northwestern Hos-

pital, Minneapolis, is the new superintendent of Ingalls Memorial Hospital, Harvey, Ill.

**Robert Hervig** is the new superintendent of Hinsdale Sanitarium and Hospital at Hinsdale, Ill. He succeeded **B. C. Marshall**.

**John O. Steel**, former administrator of Davis Hospital, Pine Bluff, Ark., is now administrator of De Land Memorial Hospital, De Land, Fla.



**Wendell H. Carlson** was appointed administrator of Englewood Hospital, Chicago, March 1. Before that he had held a similar position at Ingalls Memorial Hospital, Harvey, Ill. Mr. Carlson was discharged from the army in November 1945 after serving with the medical administrative corps.

**Robert N. Brough**, administrator of Norwalk Hospital, Norwalk, Conn., for almost fifteen years, has resigned. Although his resignation is not effective until June 30, he has relinquished his duties to **Taylor Coleman**, assistant administrator.

**Charles T. Craddock** has been appointed general superintendent of Chicago Municipal Tuberculosis Sanitarium, succeeding **Dr. Leo M. Czaja**. Mr. Craddock was assistant to the president of the Edgewater Beach Hotel, Chicago, for eleven years prior to his new appointment.

**Dr. Robin C. Buerki**, dean of the graduate school of medicine and director of hospitals at the University of Pennsylvania since 1941, has been elected vice president in charge of medical affairs. He succeeds **Dr. A. Newton Richards**, who is retiring. **Dr. John McK. Mitchell** has been elected dean of the school of medicine.

**Louis Schenkweiler** was installed as president of the Greater New York Hospital Association on National Hospital Day, May 12. Mr. Schenkweiler has been superintendent of Wyckoff Heights Hospital, Brooklyn, N.Y., since 1933.

**John P. Garrison**, assistant director of the Chicago Home for Incurables, has resigned to accept the post of superintendent of Winona General Hospital, Winona, Minn., effective June 1.

**Clarence C. Gibson** has resigned as head of El Paso City County Hospital, El Paso, Tex., to become superintendent of Ector County Hospital, Odessa, Tex., now under construction.



**Edwin H. Prescott** has been appointed to the newly created post of assistant administrator of the Williamsport Hospital, Williamsport, Pa. Mr. Prescott is a graduate of the hospital administration course at Northwestern University.

**Grant Pound**, formerly assistant administrator of Hurley Hospital, Flint, Mich., has been appointed administrator of St. Joseph's Hospital, St. Joseph, Mich.

**E. A. White** has resigned as business manager of St. Luke's General Hospital, Bellingham, Wash.



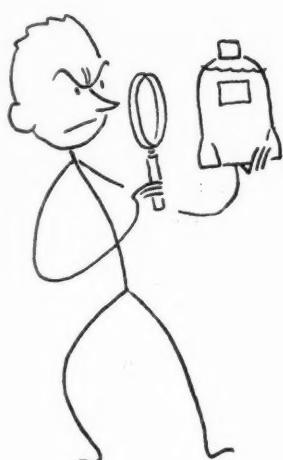
**Avery M. Millard** has been appointed assistant superintendent of the new George Washington University Hospital, Washington, D.C. Mr. Millard was formerly administrative assistant and director of the clinics at St. Luke's Hospital, New York. He received his B.A. degree from Columbia University in 1940 and was a medical student at Cornell University when he entered the navy in 1941. Following his discharge, he took the University of Chicago's graduate course in hospital administration and then became an administrative intern at St. Luke's Hospital, New York.

**Dr. Thomas I. Price**, general medical superintendent, Department of Hospitals, New York City, retired in

(Continued on Page 194.)



# Strictly Paradise for "NO"-Men



## —or why you can count on safer **CUTTER SAFTIFLASK SOLUTIONS**

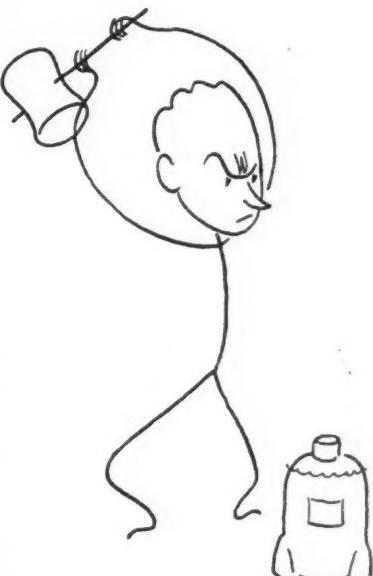
You've heard about Hollywood and its "yes"-men — but have you heard about the mecca for "no"-men?

It's Cutter's testing department — where Saftiflask Solutions are put through purges that make the Gestapo look sissy!

So tough, in fact, are Cutter testing technicians that they measure solutions by the same rigid rules they use for delicate vaccines and serums — figuring, no doubt, that any material designed for *mass* intravenous injection should be equally dependable.

This ivory tower attitude is not aimed at pleasing Cutter production men—who not so fondly refer to the testers as "stinkers." But it does pay off in safer solutions for *you*.

Add to such assurance the trouble-free performance of Saftiflask equipment, and you'll see why so many doctors and hospital staffs specify Cutter Solutions in Saftiflasks. You'll find it worth your while, too.



**CUTTER  
LABORATORIES**

BERKELEY 1, CALIFORNIA

# TRUSTEE FORUM

CONDUCTED BY RAYMOND P. SLOAN

## IT TAKES TRAINING TO BE A GOOD TRUSTEE

and that goes for good administrators, too

**JOSEPH TURNER, M.D.**

Director  
Mount Sinai Hospital  
New York City

**O**BVIOUSLY, medical men have an important contribution to make to the management of a hospital. In one that is properly organized, this contribution always will reach the governing agency adequately and fully.

Those who advocate doctors as trustees do not realize that it is a commonly accepted principle of modern hospital administration that the controlling board must be a wholly disinterested body. Of course, right-minded members of the medical staff of the hospital naturally share with its trustees and supporters a deep concern for the standing and progress of the institution, but each member of the staff has, in addition, a private and personal interest in some one phase of the hospital's work and an interest in utilizing his hospital privileges for personal and professional benefit. This, to put it briefly, is the reason staff members should have no vote in hospital legislation.

### DECISIONS REST WITH BOARD

Medical men should serve and, indeed, are indispensable in an advisory capacity, and ample opportunity should be given to the medical staff through its chosen representatives to voice its opinions on all matters of medical administration, and especially with regard to the qualifications of candidates for medical positions. The official decision in all these matters, however, should rest with the board of trustees.

Boards of trustees generally are

tending to broaden their bases and are no longer limiting membership to men of wealth and social position. The banker, the broker, the successful and wealthy business man still have an important place on the boards of charitable hospitals, but other qualities are coming to the fore and other talents and abilities are getting more and more recognition today.

### STILL BEHIND THE TIMES

Some hospitals are still so far behind the times as to consider that a retired physician or businessman is able to direct an institution as complex as a modern hospital. But this trend seems to be changing, and while hospitals have a long way to go in their selection of superintendents and still give too much weight to unimportant elements, the criteria that have been used by the better type of hospitals in recent years are a hopeful sign.

Certainly, to find a competent hospital superintendent is not an easy task. The best type of hospital director with the technical training required, with the necessary executive ability and personality, is a combination which, as yet, is not too common. It is easy enough to enumerate any number of desirable qualities and characteristics to be found in a man of education and experi-

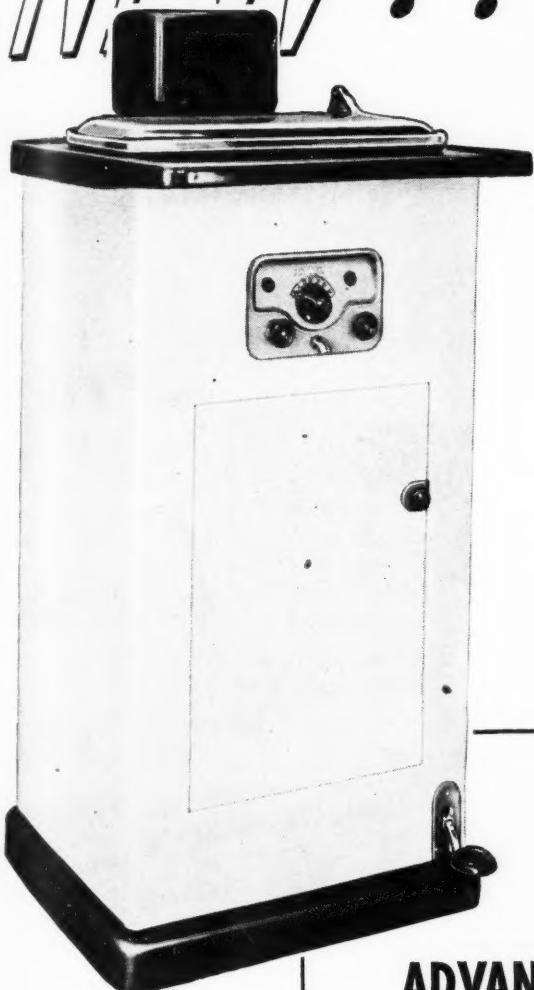
ence, but to attempt an equation in precise terms is only to prove that our instinct is surer than our reasoning.

How can one work out a formula which will reveal in a man that fine imagination and high professional ambition, supported by broad knowledge and tempered by a finely balanced judgment of men and events, which the job needs? Since the selection of a man for such a post as a hospital administrator is a rather delicate task, it is highly desirable—in fact, it is necessary—for every candidate to be interviewed personally, not by one person only but by more than one of the important officers of the institution seeking an administrator.

### ADMINISTRATOR HANDICAPPED

The loose ends that still remain in hospital administration—the lack of understanding of some of the fundamental problems and relationships, the really slipshod way in which some of the technical work which might be placed on a more scientific basis is still performed—are sometimes appalling to contemplate. It is hoped that the new schools of hospital administration will once more focus attention on the need for continued research and education in this field and that the result ultimately will be a better trained and better prepared administrator. But the best trained administrator is under a great handicap when the trustees with whom he has to work lack a comparable training.

**NEW . . .**



*Ritter . . .*  
**DeLUXE  
HYDROMATIC**

# *Sterilizers!*

- You simply set the amazing new SYNCHRONOUS Timer either before or after placing instruments in the sterilizer. The Timer operates *only* when water reaches boiling point. You know positively that instruments have been fully sterilized for the required time.

*Model "E-3" 16" New Timer Assures  
Complete Sterilization*

## **IMAGINE THESE EXCLUSIVE ADVANTAGES IN YOUR HOSPITAL WORK**

**EXCLUSIVE . . . Automatic Water Supply**

**EXCLUSIVE . . . Automatic Float-type Safety Switch**

**EXCLUSIVE . . . Automatic Water Level**

**EXCLUSIVE . . . Automatic Pre-conditioning of Water**



● Write for NEW CATALOG. It tells all about the new line of 14" and 16" Sterilizers—the DeLUXE Hydromatic, Hydromatic and Regular. 6 types with many new features.

**SAVE TIME • SAVE ENERGY  
PROVIDE MORE EFFICIENT OPERATION**

# MEDICINE AND PHARMACY

## GENERAL PRACTITIONERS

### HAVE A PLACE ON THE HOSPITAL STAFF

LLEWELLYN SALE, M.D.

Jewish Hospital  
St. Louis

THE staffs of our hospitals can be divided into three large functional groups—surgery and its subdivisions, medicine and its subdivisions, and the division of laboratories. In these services are found physicians who have had training and experience that qualify them as specialists. They are members of special societies, fellows of the colleges, and diplomates of boards of certification.

Men with this background are chiefs of services and senior attending physicians. In the general hospital their attention is directed to the care of patients in the ward service and, in some hospitals, to semiprivate patients.

#### CANNOT BE ASSIGNED

In such hospitals there are also private patients. The proportion of private patients to total occupancy varies in different hospitals. The care of these patients cannot be assigned by the trustees to physicians who have been chosen by the standards just noted. These patients are taken care of by their private physicians, the men who have been their "family doctors" for years. They are, as a rule, members of the general practitioner group.

It has become commonplace to point out that specialization has run rampant during the last three decades. This has been a natural result of the ever widening base of medical education and training. The increasing complexities of diagnosis and treatment will eventually make specialists of us all. I believe that the general practitioner of the future will have to qualify as a specialist in his field.

The training expected of the medical student, including postgraduate

training, must be extended over many years if he is to become a specialist in the narrower sense of the word. Not all men will find it possible to devote the time to this intensive training. Even if they all had the time, the centers where this training can be had are few.

The problem of the status of the general practitioner and his place on the staff of the general hospital has arisen out of this natural growth of specialism and the certification of physicians by specialty boards. The vast majority of sick people are still taken care of by general practitioners. If these are competent and conscientious men, the patients are well cared for.

The name of the general practitioner is legion, and he is demanding his place in the sun. His usefulness in the community is acknowledged—often, it seems to me, with an air of condescension. Is he necessary or is he a necessary evil? As we are set up for the practice of medicine today, there seems to me to be only one answer to this question: He is an indispensable link in the chain.

The needs of the great mass of the people for medical care can be met only if the general practitioner continues to serve them. In order to do this adequately he must have access to hospital facilities. It might be an ideal situation if the general practitioner would send the patients who need hospital care to a hospital to be taken care of by a staff member who is a diplomate of a national board.

Under such an arrangement the patient, happily recovered, would then return to his family physician. This

happens now when patients from one community go to nearby, or distant, medical centers. For many reasons, however, it happens but seldom within the confines of one city.

One reason is quite obvious: The patient may actually choose to remain under the care of the general practitioner who is his long-time medical adviser. Who are we, as medical men, or who are hospital administrators, to interfere with the hallowed right of free choice of physician?

#### A.M.A. DIDN'T MEAN IT

The general practitioner has become vocal. I am informed that there are eight general practitioners to every diplomate of a certifying board. Some years ago the American Medical Association formulated standards for the establishment of boards for the certification of specialists. It was assumed that licensees were the only ones qualified to take part in the training of residents. Now the A.M.A. avers that it did not mean exactly that.

A recent statement by the Council on Medical Education and Hospitals reads: "Those may participate in the training of residents who have themselves had training and experience approximately equivalent to that required of applicants for certification, whether or not they are actually certified." The statement is cumbersome. To me it smacks a little of trimming.

One statement by the Council on Medical Education and Hospitals, however, is unequivocal and directly pertinent: "It was never intended that staff appointments in hospitals generally, or even in hospitals approved for residences, should be limited to board certified physicians." This recent release goes on to say: "Hospital staff appointments should depend on

Condensed from a paper presented to the American Hospital Association.

# DILANTIN®

*ushered in a  
new epoch in  
the therapy  
of epilepsy*

DILANTIN denotes defense against the grand mal or psychomotor type of epileptic seizure. In the majority of patients, DILANTIN prevents attacks or greatly decreases their frequency or severity. Optimal control is afforded by individualized dosage determined by trial in the particular case. Relative freedom from hypnotic side-effects enhances DILANTIN's effectiveness in fostering return to the patient's normal activities.

DILANTIN Sodium (diphenylhydantoin sodium, P. D. & Co.)  
is available in 0.03 gm. (½ gr.) and 0.1 gm. (1½ gr.)  
Kapsseals, ® in bottles of 100 and 1000.



PARKE, DAVIS & COMPANY • DETROIT 32, MICHIGAN

the qualification of physicians to render proper care to hospitalized patients as judged by the professional staff of the hospital, and not on certification or special society memberships."

This is a forthright statement. There are men on the staff of every hospital about whose qualifications their fellow staff members are not in a position to pass judgment. Their premedical course and their medical training, including postgraduate education, are matters of record. But these alone do not constitute standards by which to evaluate physicians.

A decreasingly small number of physicians—and this number will soon reach the vanishing point—are not graduates of Class A medical schools and have not had at least a minimum of postgraduate education. Men are to be judged by their performance and by their ability to render proper care to hospitalized patients. This evaluation of a man's competence can, to some extent, be made if the physician in question is a member of a closed hospital staff or of that segment of the staff which has to do with the care of staff patients.

#### HAVE ONLY PRIVATE PATIENTS

In many of our large hospitals, however, members of the general staff have private patients only. They would resent a critical review of their hospital records as an invasion of their rights and a transgression against the principle of privileged communications. To judge them by their success or failure in treatment and by their mortality rate is notoriously unfair and fallacious.

If hospitals will make membership on their staffs dependent on attendance at clinical conferences, clinico-pathological conferences, interns' meetings, and other professional activities, then an evaluation of a sort might be arrived at. At these meetings, every member of the staff in turn would be expected to take part in the proceedings. He would be expected to report cases, to discuss his successes and failures, especially his failures, to explain the thinking through which he arrived at a diagnosis, and to justify his treatment measures. If the problem was of sufficient interest he might be expected to give a short review of pertinent literature and to discuss the abnormal physiological processes involved.

Over a period of a few years, dur-

ing which time he would have given several such presentations, his colleagues would have had an opportunity to form a well considered opinion of his qualifications. (Simple, isn't it? Remember that this busy practitioner also sees patients in their homes and at one or more hospitals, often widely separated, in the mornings; has office hours in the afternoon; has to keep in touch with current medical literature; plays golf once a week; should cultivate a hobby; has to take time out for meals and sleep, and should attempt to avoid coronary occlusion.)

A man's qualifications to render proper care to hospitalized patients are to be judged by the professional staff of the hospital, says the pronouncement of the Council on Medical Education and Hospitals. I have found a great unwillingness on the part of medical men to express publicly, or to trustees, their opinions of the qualifications of their colleagues. Gross and flagrant must be the shortcomings of a physician to embolden a man to give an official condemnation of a colleague, a member of the county, state and national societies. Such a man would seldom, if ever, come up for consideration.

Hesitancy to condemn a colleague, to declare him unfit for staff membership, springs from various motivations. A candidate for staff membership in the general practice department may be an earnest, honest, legitimately ambitious, hard working man. He may at the same time not measure up to the high standards that should be set.

Actuated by an unwillingness to set himself up as a judge of his fellow man, and because of a latent uncertainty as to the correctness of his own judgment, the physician consulted as to the applicant's qualifications may be unwilling to give the professional coup de grâce to his colleague's aspirations. In his attempt to be altogether fair he will lean over backward. The principle of English law that a hundred guilty men should escape rather than that one innocent should be hanged will subtly influence him.

Membership in a hospital staff stimulates interest in self improvement. Should the general practitioner who seeks admission to the staff be denied this stimulus? Service is the keynote of all discussions on this subject. In the interest of his patients, to afford hospital care for those who need it,

to improve his own usefulness to members of the community, a doctor wants to be a member of the staff of an accredited hospital. Who are you to say him nay?

These comments are not applicable to hospitals that are integrated into the teaching programs of our medical schools, nor are they pertinent to other hospitals that for one reason or another have a closed staff. I am thinking of general hospitals that derive their support from patients' fees, from gifts, and from interest on endowment. Many such hospitals are quasi-public institutions in that the deficit incurred in operation is made up, wholly or in part, from funds collected in community-wide fund raising campaigns.

#### PURPOSES TO BE SERVED

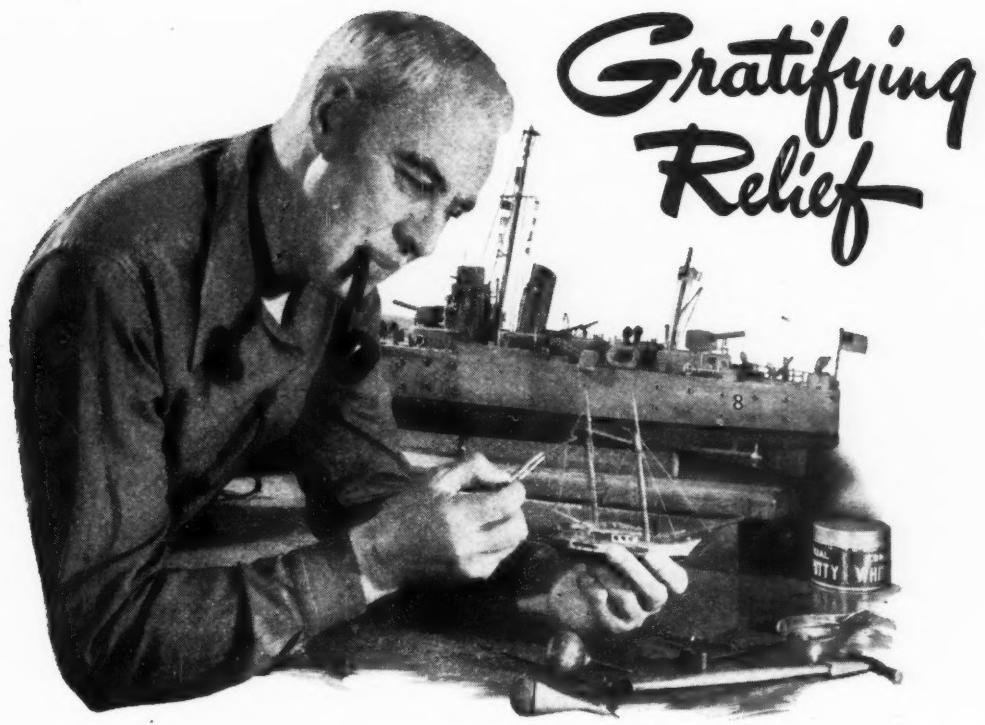
Among the important purposes to be served by such hospitals are:

1. Service to sick people, to restore them to health, to alleviate suffering, and to mitigate the distress that attends terminal illness.
2. To furnish such service in accordance with the highest level of medical practice.
3. To attempt to make some contribution to our store of knowledge: to help confirm recent innovations in treatment or to disprove their usefulness, to throw light on the natural processes of disease, to add to the statistical information that permits deductions and adds to their validity. Such effort can only seldom be epoch making, but the efforts in themselves help to maintain high standards.
4. To afford training under competent medical men to interns and residents.

5. To enable the not too recent, as well as the recent, graduate to develop his usefulness by stimulating his interest in the science and art of medicine, and to keep alive his ardor.

To do these and other things that I have probably not included, members of a hospital staff must be selected with an eye to their qualifications in their special fields, their ability as teachers, and their qualities of leadership. The men on the ward service staff, especially heads of departments and senior attending men, may well be expected to be diplomates of national boards. Junior attending men should have the training that will permit them to apply for and be granted certification.

However, to effectuate service to



# Gratifying Relief

Ambulant patients are promptly relieved of distressing urinary symptoms in a large percentage of cases through the simple procedure of administering Pyridium in a dosage of 2 tablets *t.i.d.*

Following oral administration, Pyridium produces a definite analgesic effect on the urogenital mucosa. This palliative action contributes to the prompt and effective relief that is so gratifying to patients suffering from disturbing symptoms such as painful, urgent, and frequent urination, nocturia, and tenesmus.

Therapeutic doses of Pyridium may be administered throughout the course of treatment of uncomplicated cystitis, pyelonephritis, prostatitis, and urethritis, with virtually no danger of serious side reactions.

*Literature on Request*

*...through  
Urogenital  
Analgesia*

## PYRIDIUM®

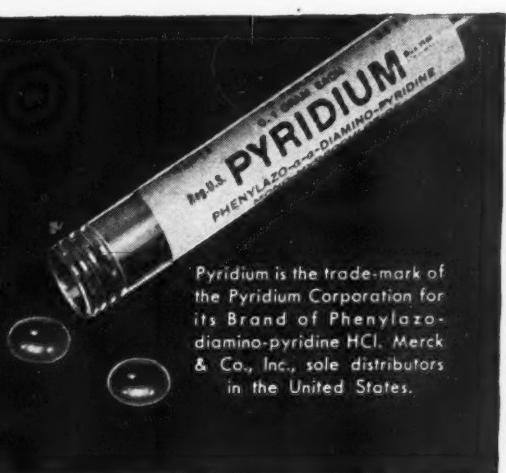
(Brand of Phenylazo-diamino-pyridine HCl)

MERCK & CO., Inc.

RAHWAY, N. J.

*Manufacturing Chemists*

In Canada: MERCK & CO., Ltd. Montreal, Que.



Pyridium is the trade-mark of the Pyridium Corporation for its Brand of Phenylazo-diamino-pyridine HCl. Merck & Co., Inc., sole distributors in the United States.

the sick and continued education of the physician in the type of hospital to which I refer, it is essential that general practitioners be members of the staff. Here, membership must be limited to men whose training is adequate and whose competence is not in doubt. In this group there is today no national board to put its stamp of approval on applicants.

It is generally conceded that such appointments must be made by a committee of the board of trustees. This committee must be advised by a committee of the staff, which may well be made up of those who belong to a joint committee of board and staff—a conference committee organized to discuss problems that are neither purely administrative nor solely medical. There are many such problems, and among them staff appointment is an important one.

The medical members of this group must be men who have had the opportunity to form opinions on the competence of prospective members of the staff. They must be fearless in expression of opinion. They must be impartial in their judgment, and not influenced by personal predilection or petty animosities. Above all, for obvious reasons, appointments should be made on an annual basis.

#### SOURCES OF INFORMATION

If the time ever comes when hospitals in this group have full-time heads of the major departments of medicine and surgery, as most of them now have of the laboratory divisions, these heads might well be reliable sources from which the board of trustees could get information to guide it in its appointments.

Eventually, some form of group practice will probably be evolved by which the general practitioner can be active in a hospital and safeguard the interest of his patient and his own conscience. Consultation can then readily be obtained, knotty diagnostic problems can be solved, rational treatment can be instituted, and the general practitioner will still be the doctor.

We can all agree, at least, that the day is past when a physician may enter the hospital, visit a patient on the fifth floor who has had a coronary occlusion, another on the sixth floor on whom he did a herniorrhaphy the day before, one on the seventh floor whose fracture of the femur he has wired, and then go to the operating room to do a tonsillectomy.

## NOTES AND ABSTRACTS

Prepared by the Committee on Pharmacy and Therapeutics.  
University of Illinois College of Medicine, Chicago 12

### The Present Status of

## THE CHEMOTHERAPY OF CANCER

UNDoubtedly the first chemotherapeutic attempt against cancer was the topical application of escharotic agents. Arsenic was used for this purpose by the early Egyptians. During the 19th century many "quack cancer cures" were marketed which consisted of escharotic mixtures of arsenic trioxide and zinc chloride. Since these preparations were recommended for internal cancers, they did much more harm than good.

A scientific modification of the escharotic treatment of superficial cancers has been developed over a period of years by Fred Mohs of Wisconsin General Hospital. By his technic the progress of the fixation of the cancerous growth is carefully followed by examination of the curetted tissues. This method has certain advantages over the surgical removal of superficial cancers in that hemorrhage can be controlled, and the progress of the chemotherapy can be more closely evaluated.

Chronologically, the next attempt at chemotherapy was the use of antibodies and tissue extracts.

#### Coley's Toxin

In 1892, Dr. William B. Coley observed that one of his patients who was afflicted with an inoperable sarcoma of the neck recovered after an attack of erysipelas. He found reports of other similar cases and decided purposely to inoculate one of his inoperable cancer cases with *Str. erysipelas*. The cancer regressed and the pa-

tient recovered. His observation that several types of neoplasm regress under bacterial infection formed the basis for his treatment. Accordingly, Coley prepared a toxin from sterile cultures of the *Str. erysipelas* and mixed this with sterile cultures of *B. prodigiosum*.

The use of Coley's toxin in cancerous patients was handicapped by the reluctance of physicians to use any radical therapeutic measures and the knowledge that spontaneous regression of tumors sometimes occurs. In recent years the use of Coley's toxin in the treatment of malignant tumors has been more thoroughly studied. With the use of a standardized toxin, more consistent results may be possible. In 1946, Nauts and his associates reviewed 600 cases treated with Coley's toxin and tabulated the results of 484 cases in which the diagnosis was histologically confirmed. Among 312 inoperable cases (all types of cancer) there were 106 five-year survivors.

#### *Schizotrypanum cruzi*

The action of the South American trypanosome, *Schizotrypanum cruzi*, as a therapeutic agent against cancer was investigated by G. Roskin in 1938. He found that trypanosomes multiply in the heart, spleen, liver, bone marrow, and lymphatic glands of normal animal but concentrate to a greater extent in the neoplasms of animals and destroy the malignant cells. The endotoxin or the K-R vaccine (named after Nina Klyueva and Georgi Roskin), prepared by killing the trypanosome



## X-ray planning for every hospital situation

Now in preparation: a new series of Picker handbooks to meet *specific* x-ray department planning problems . . . smaller hospitals, community health centers, sanatoria, etc. to be constructed under the Hill-Burton Act Hospital Construction Program. Based on hospital planning material published by the Hospital Facilities Division of the U.S.P.H.S., they get right down to brass tacks, give approved layouts, pertinent facts and figures.

We offer any or all of them to you as a complimentary part of Picker service-to-architects. And feel free to call upon us for help when your next hospital project comes up: you'll enlist the co-operation of an organization with a half-century of experience in the *manufacture* of fine x-ray apparatus, and in the *planning* of efficient working layouts to complement it.

There are Picker offices in principal cities, with trained x-ray engineers ready to serve you.

**Picker**

The handbooks present typical approved x-ray layouts, space requirements, equipment descriptions, wiring specifications, costs, and similar technical data. The edition will be limited: use the coupon here to reserve your copies.

PICKER X-RAY CORPORATION  
300 Fourth Avenue, N. Y. 10, N. Y.

I'd like to have the following handbooks (please check):

- |  |   |
|--|---|
| <input type="checkbox"/> Master Handbook for Hospital X-ray Planning | <input type="checkbox"/> 100 bed T. B. Hospital       |
| <input type="checkbox"/> 8-10 bed Community Clinic                   | <input type="checkbox"/> 150-200 bed General Hospital |
| <input type="checkbox"/> 25-40 bed General Hospital                  | <input type="checkbox"/> Type "A" Health Center       |
| <input type="checkbox"/> 40-50 bed General Hospital                  | <input type="checkbox"/> Type "B" Health Center       |
| <input type="checkbox"/> 50-75 bed General Hospital                  | <input type="checkbox"/> Type "C" Health Center       |
| <input type="checkbox"/> 100 bed General Hospital                    | <input type="checkbox"/> 400 bed T. B. Hospital       |

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

by heat, showed similar effects in malignant cells.

In 1941, Roskin injected a patient with the vaccine and found an apparent destruction of the tumor. War interrupted further studies until 1944, when patients with malignant growths were treated with subcutaneous, intramuscular and intratumor injections of the vaccine and showed apparent regression of the tumor. The K-R effect on tumors was as follows; softening of the growth, followed by the formation of fistulae, and appearance of healthy tissues where the tumor had sloughed off.

It was shown that the rapidity of tumor regression varied with the dosage of the vaccine. Roskin also showed that other bacterial toxins, namely, diphtheria and tetanus toxins, produced similar results in mouse tumors. This success led Hauschka and his group to study the inhibitory effect of *Trypanosoma cruzi* (Brazil strain) on transplantable mouse tumors.

Retardation in growth was seen in squamous epithelial carcinoma, mammary adenocarcinoma and sarcoma, but its nonspecificity was shown by the frequent parasitemia of the heart, lungs and intestines. Finally, the endotoxin prepared from heat-killed cultures of *T. cruzi* (Brazil strain) was completely ineffective against transplantable and spontaneous mammary tumors.

### Anti-Hyaluronidase

The possibility that the invasiveness of malignant growths to adjacent normal tissues might be due to a spreading factor, such as hyaluronidase, has been studied by Coman and McCutcheon. They failed to show any effect of hyaluronidase on the invasiveness of neoplasms. They found no indication that an anti-hyaluronidase had been formed. However, Duran-Reynals and Stewart found that eleven of twenty-eight human carcinomas contained a spreading factor. Therefore, the choice of tumors may be extremely important in studies on the presence of hyaluronidase. Haas reported an enzyme, referred to as Antivasin I, which destroys hyaluronidase found in normal blood plasma of mammals, birds and fishes. Another enzyme, Antivasin II, was found in plasma. Antivasin II destroys the Proinvasin enzyme produced by certain invading organisms. From this and other reports further investigation is warranted.

### Anti-Reticular Cytotoxic Serum (A.C.S.)

Recent studies on the rôle of the reticulo-endothelial system of man and animals in the defense against malignant growths have shown some beneficial effects. Russian scientists used anti-reticular cytotoxic serum in cancer patients with favorable results, especially as a preventive agent against recurrences. J. Skapier used A.C.S. in twenty-two patients with Hodgkin's disease. Gain in body weight and favorable improvement in the sedimentation rate and blood morphology were observed. Three subcutaneous injections at seventy-two-hour intervals are made with 0.4 cc. of undiluted serum diluted in 4 cc. normal saline. Injections of 0.5 cc., 1 cc. and 1.5 cc. were given. The present status of A.C.S. is equivocal.

### Other Organ Extracts

Much research work has been done in attempts to treat cancer by inoculation with extracts from tumors, as well as with extracts from tissues other than neoplasm. Different investigators reported successful results, while others were unable to induce any changes. Amersbach and his associates reported an experiment in which twenty-one patients with basal cell epitheliomas were treated with extracts of liver and spleen. Seven received liver extract and fourteen, spleen extract.

All but one responded to the treatment, and fourteen showed complete regression of the lesion. The spleen extract appeared to act faster, and neither seemed to affect normal tissue, although the liver extract produced a slight toxic reaction. Although no recurrences were observed, it is yet much too early to evaluate this study.

### Hormonal Antagonists

1. *Estrogens.* The principle of inhibiting the cell proliferating action of sex hormones by the administration of opposing sex hormones has been used in the treatment of human cancer. Estrogenic therapy and orchidectomy in prostate cancer as introduced by Huggins have been definitely beneficial. Kearns reported beneficial treatment on thirty-seven cases of prostatic cancer with estradiol and stilbestrol. Such treatment frequently results in regression of the tumor, relief from pain, decrease in metastatic growth, and gain in body weight. Dean et al. in a treatment of 100 cases with both stilbestrol and castration showed

that prolonged arrests were more frequent in those cases treated with stilbestrol than by castration.

Both natural and synthetic estrogens produce similar effects, but the synthetic compounds produce a higher incidence of toxic side actions. In males, estrogens also relieve the symptoms of bladder malignancy, but in females this effect is doubtful. Estrogens were used for the treatment of advanced mammary cancer in England. Favorable results are reported in women over 60 years of age, but the same treatment stimulates cancer growth in younger women.

2. *Androgens.* In certain mammary cancers, testosterone in various forms has been used successfully. Intramuscular injection of 100 mg. of testosterone propionate three times a week for ten weeks, followed by a maintenance dose of 40 to 60 mg. daily of methyl testosterone for eight weeks, is the dosage used by Adair. No serious toxic effects have been noted.

An excess growth of hair on the face and body, deepening of the voice, increase in libido, acneform eruption of the face, chest, back and legs are some of the commoner side effects. Some regression of the primary tumor and metastases usually occurs. The patients obtain relief from pain, increased appetite and weight, and a general sense of well-being. Preliminary reports on the effective use of testosterone propionate on carcinomas of uterine corpus and cervix indicate no improvements other than slight symptomatic relief of pain.

### Chemicals That Arrest Cell Division

1. *Colchicine.* The fact that colchicine arrests mitosis in the metaphase stage of cell growth in tissues of plants and animals has long been known. Only within the last decade has colchicine been used for this purpose in medical research. Its use in cancer therapy, as studied in animals, shows that growths are arrested only temporarily and that repeated doses are definitely toxic. Levine and Silver observed the effect of 2 mg. of colchicine given intramuscularly on human cancer. Nuclear division of cancer cells was arrested in the metaphase stage with a maximum effect between the sixteenth and twenty-fourth hours. Some patients showed increased sensitivity to colchicine with repeated injections. An increase in hemorrhage, leukocytosis and some polypliod cells



**Custom-made clots are now available with Gelfoam.\***

The old surgeon may have dreamed of the day when a ready-made clot would staunch oozing surfaces, capillary bleeding, trickling from small veins, hemorrhage from resected tissues.

The surgeon of today has at hand a custom-made clot with **GELFOAM**, the absorbable hemostatic gelatin sponge. Cut or molded to the exact specifications of any wound, and applied with or without thrombin, **GELFOAM** may be left in situ without fear of tissue reaction.

\*Trademark, Reg U S Pat Off.

# Gelfoam

**Upjohn**

KALAMAZOO 99, MICHIGAN

fine pharmaceuticals since 1886

were seen in biopsies. A combination of the effect of colchicine and some other physical or chemical agents may merit further study.

2. *Podophyllin*. The use of podophyllin in the treatment of condylomata acuminata is fairly recent. Formerly, recurrences were frequent regardless of the form of therapy used. The treatment consists of applying 25 per cent podophyllin in mineral oil to the condylomata hourly for from five to six hours. Several days should elapse before applying another treatment in cases where further treatment is nec-

essary. In a series of twenty patients treated in this manner, Kaplan found all lesions were cured within from two to five days. Finkle and Frischwasser also reported the successful use of 25 per cent podophyllin in mineral oil in the treatment of condylomata acuminata of the penis in a series of thirty-six cases. Recently, podophyllotoxin and peltatin (a new compound) have been obtained from podophyllin. Both show tumor necrotizing effects.

3. *Nitrogen Mustards*. The treatment of certain neoplastic diseases with nitrogen mustards was introduced in

1946. The two compounds thus far studied are Tris (B-chloroethyl) amine hydrochloride and methyl-bis-(B-chloroethyl) amine hydrochloride. The therapeutic status of the nitrogen mustards has been summarized by Rhoads and by Jacobson et al. Of the two compounds, methyl-bis-(B-chloroethyl) amine hydrochloride has been used more frequently with the recommended dosage of 0.1 mg./kg. given intravenously on four successive days.

Toxic reactions consist of nausea and vomiting within three to four hours after administration and inflammation at the site of injection if the compound escapes into the tissues. Delayed effects are leukopenia, neutropenia and thrombocytopenia. Favorable results with the compound have been shown in the treatment of Hodgkin's disease, lymphosarcoma and early giant follicle lymphoma.

Lymphatic leukemia, myeloblastic leukemia, melanoma, metastatic mammary and cervical carcinoma, multiple myeloma and sympatheticoblastoma have not reacted favorably. Polycythemia rubra vera reacted the same as if treated with radioactive phosphorus. In general, the use of nitrogen mustards in the treatment of neoplastic diseases shows temporary regression but no lasting effect. The damage to normal hemopoietic function may exceed the effect on the tumor.

4. *Urethane*. Urethane ( $C_2H_5OCO-NH_2$ ) has been used in leukemia with favorable results. Paterson and associates studied thirty-two cases of leukemia (nineteen myeloid and thirteen lymphatic) for periods ranging from eleven months to five weeks. In the favorable cases, a fall in white cell count was noted with diminution in size of the spleen and lymph nodes. The effects were similar to those seen as the result of deep x-ray therapy. Although the palliative effect is great in many cases, no indication of a permanent effect has been obtained. Others report favorable effects in cases of carcinomatosis, lymphoblastoma and leukemia (chronic myelogenous).

Hirschboeck et al. reported giving oral doses of 1 gram of urethane three times daily, which produced favorable remissions in four cases of chronic myelogenous leukemia. Those with malignant neoplastic diseases did not show improvement. Oral administration produces nausea and vomiting, which may be eliminated by parenteral administration of the drug. Hypoplastic anemia, leukopenia and thrombocy-

all the advantages  
of iodine  
FOR TOPICAL APPLICATION →  
with no  
disadvantages

Samples and brochure  
sent upon request.



**Vodine**  
BRAND  
EFFECTIVE CONCENTRATION  
OF "FREE" IODINE IN SOLUSALVE\*

Many years of research and clinical usage has left iodine the uncontested bactericidal agent. Published reports show that "the iodine solution can be diluted over eighty times and still be as bactericidal as the strongest of the other germicides."<sup>1</sup>

Vodine now makes it possible to utilize the high bactericidal power of iodine against both gram-negative and gram-positive organisms

\*Solubase Brand  
1. New England J. Med. 213:279

without the old discomfort of "smarting," burning and staining.

Vodine Ointment—"free" iodine in a bland, non-irritating base—is indicated wherever effective topical antisepsis is required: infectious dermatoses, cuts, burns and lacerations. Vodine Ointment has the added advantage of being non-injurious to even delicate skin and may be used safely under bandages or surgical dressings.

**Vodine Company**

407 SOUTH DEARBORN STREET • CHICAGO 5, ILLINOIS

safe prolonged obstetric analgesia

saddle

block

with

**HEAVY  
NUPERCAINE**

An intraspinal injection of only 2.5 mg.  
( $\frac{1}{25}$  gr.) of Nupercaine will usually block  
sensory impulses from the uterus and birth  
canal for  $1\frac{1}{2}$  to 3 hours.

The inherent safety of the saddle block method  
is enhanced by the wide therapeutic margin  
of intraspinal Nupercaine.

Now in a single ampul, Heavy Nupercaine  
(Nupercaine 1:400 and 5% dextrose) may be  
injected without mixing and without dilution.

**Comprehensive brochure with extensive  
bibliography is available on request.**

Heavy Nupercaine — ampuls of 2 cc. in cartons of 10.  
Sales limited to hospitals.

For further information write Medical Service Division.

• CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, N. J.

**Ciba**

NUPERCAINE (brand of dibucaine) Trade Mark Reg. U.S. Pat. Off.



topenia are some of the toxic effects of urethane. In experiments with rats, injection of urethane (1 Gm./kg.) produced multiple pulmonary adenomatous tumors, according to Guyer and Claus. Some of these rats were selectively inbred for immunity to carcinoma transplants. Further investigation of urethane analogues in neoplastic diseases is indicated.

#### Miscellaneous Chemicals

1. *Stilbamidine*. Stilbamidine (4:4 diaminodiphenylbenzene) has been used in recent years as a chemotherapeutic

agent for kala-azar. Snapper reported its successful use in the treatment of patients with multiple myeloma. Of fourteen cases treated with 150 mgm./day, nine showed arrest of the disease. The presence of myeloma cells in the bone showed that the disease was not cured, but only arrested. A total dosage of from 5 to 6 grams of stilbamidine was given intravenously over a long period.

A fall in blood pressure was observed which led often to sweating, dizziness, nausea, epigastric discomfort, and even collapse. Favorable re-

sults were enhanced in those patients who were fed on a diet low in animal protein. Stilbamidine had no effect on myeloid leukemia, lymphosarcoma, Hodgkin's disease, and carcinoma. In a later report Snapper used pentamidine (4:4 (pentamethylenedioxy) dibenzamidine) in the treatment of multiple myeloma and found this to be as effective as stilbamidine.

#### Isotopes and Physical Agents

1. *Phosphorus*. The wide range of radioactive substances now available makes possible further investigations for their use in cancer therapy. As introduced by Lawrence,  $P^{32}$  has been used widely in the treatment of leukemia and polycythemia. The comparative effects of  $P^{32}$  and nitrogen mustards have been summarized by Jacobson et al., who find that  $P^{32}$  does not affect the course of acute leukemia, multiple myeloma, and Hodgkin's disease, but remissions are noted in chronic myelogenous leukemia, lymphosarcoma and polycythemia vera. Hall et al. and Erf have independently observed satisfactory remission in cases of polycythemia vera.

$P^{32}$  may be given orally or intravenously; oral administration is given in orange juice in the morning with omission of breakfast. Intravenous administration is given as a sterile isotonic solution of sodium mono-hydrogen phosphate which contains  $P^{32}$ . The dosage varies from 1 to 10 millicuries in 1 to 20 cc. of solution. Such doses of  $P^{32}$ , which are somewhat selective of leukemic tissues, do no damage to the formation of red blood cells, nor do they produce radiation sickness. This treatment is again palliative rather than curative. Leukopenia, thrombocytopenia and anemia may occur, which require careful and continued observation of the patient.

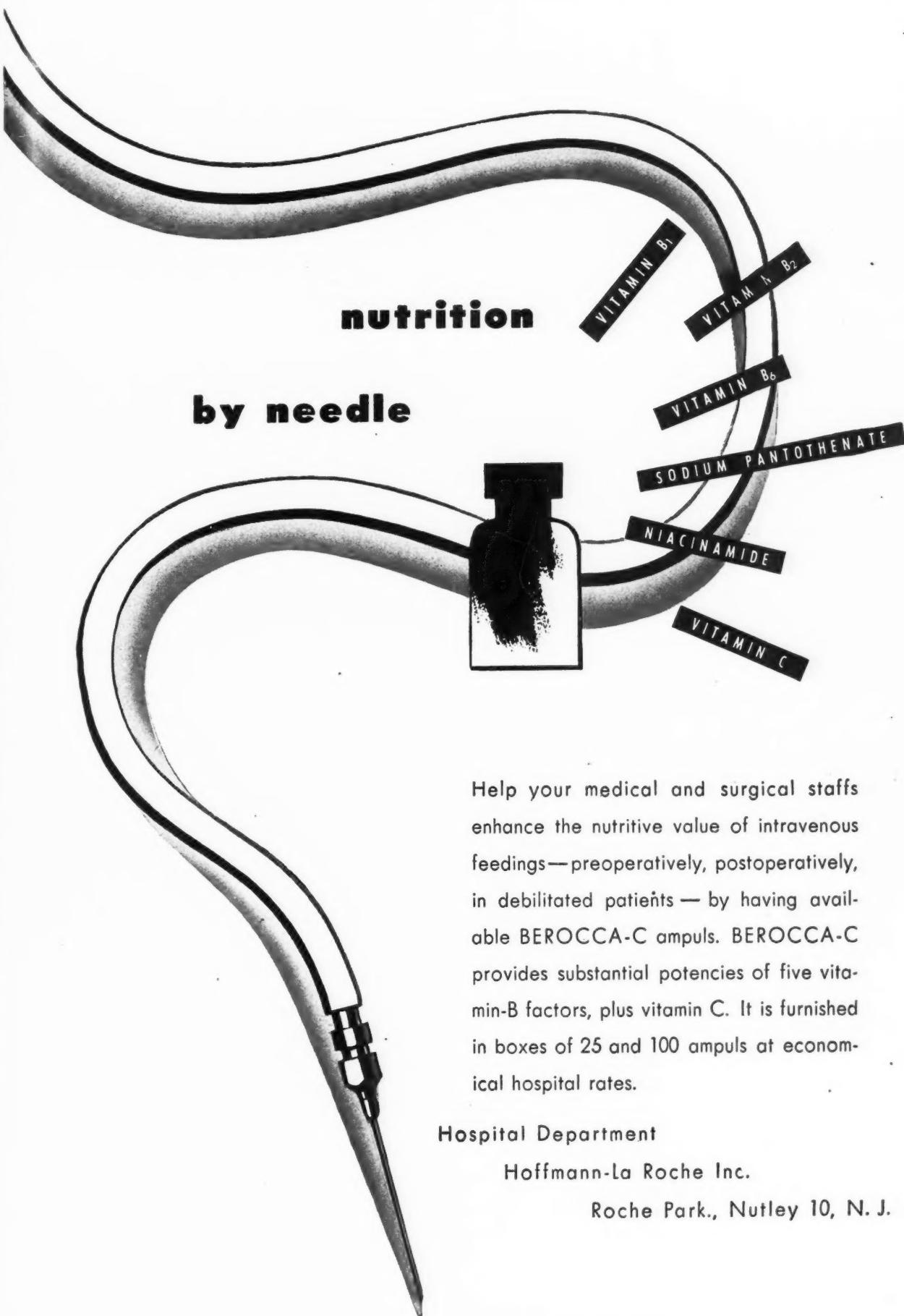
2. *Iodine*. Radio-iodine is used chiefly in the study of thyroid function and the treatment of thyroid disease because of the specific affinity of the thyroid for iodine. A mixture of  $I^{130}$  (half-life of 12.6 hours) and  $I^{131}$  (half-life, 8.0 days) has been used in most studies. Beta and gamma rays are emitted by both isotopes. The radio-iodine treatment in thyroid cancer is limited by the fact that many malignant lesions are unable to accumulate iodine. Seidlin et al. reported one case of successful radio-iodine therapy of metastatic adenocarcinoma of the thyroid. Several other encouraging results have been reported. For its effec-

### For surface infections . . .



### New and Nonofficial Remedies · 1947 · states:

"NITROFURAZONE. — Furacin . . . possessing bacteriostatic and bactericidal properties . . . effective in vitro and in vivo against a variety of gram negative and gram positive bacteria . . . is useful for topical application in the prophylaxis and treatment of superficial mixed infections common to contaminated wounds, burns, ulceration and certain diseases of the skin . . . Variant bacterial strains showing induced resistance to sulfathiazole, penicillin or streptomycin are as susceptible to nitrofurazone as their parent strains . . ." Furacin N.N.R. is available in the form of Furacin Soluble Dressing containing 0.2 per cent Furacin. This preparation is indicated for topical application in the prophylaxis and treatment of infections of wounds, second and third degree burns, cutaneous ulcers, pyoderma and skin grafts. Literature on request. EATON LABORATORIES, INC., NORWICH, N. Y.—TORONTO, CANADA



Help your medical and surgical staffs enhance the nutritive value of intravenous feedings—preoperatively, postoperatively, in debilitated patients — by having available BEROCCA-C ampuls. BEROCCA-C provides substantial potencies of five vitamin-B factors, plus vitamin C. It is furnished in boxes of 25 and 100 ampuls at economical hospital rates.

Hospital Department

Hoffmann-La Roche Inc.

Roche Park., Nutley 10, N. J.

**BEROCCA-C 'ROCHE'**

T.M.—Berocca—Rea. U.S. Pat. Off.

Vol. 70, No. 5, May 1948

109

tive use, further investigation is necessary to determine the dosage required in order to prevent disastrous results from excess radiation.

Other radioactive isotopes, such as radiostrontium and radiosodium, have been tried, although their therapeutic value has not been great. Radiosodium, which distributes itself and gives a constant radiation in the blood stream, has been tried in leukemia. Radiostrontium, which concentrates in osteoplastic process, has been tried in the treatment of osteogenic sarcoma. A nonradioactive element, C<sup>14</sup>, may be

used to study the metabolic problems in cancer growths.

3. Zinc. Dr. John Gibson and associates reported that in lymphatic and myelogenous leukemia the zinc content of white blood cells was significantly decreased. Radioactive zinc used in the studies showed that zinc was utilized more effectively when the white cell count was decreasing. In a single case of subacute myelogenous leukemia, the new zinc uptake was 2 mg. daily. Zinc content of white cells and white cell count were not increased appreciably by larger doses.

#### "Diopterin" and "Teropterin"

As a follow-up to experiments which showed the inhibitory effects of folic acid on certain tumor growths, pteroylglutamic acid, "Teropterin," was injected into mice by C. Leuchtenberger and associates. Inhibition of tumor growth was noted. They also showed that in many cases 5 micrograms daily, injected intravenously, produced complete regressions of spontaneous breast cancer in mice. Pteroylglutamic acid had no inhibitory effect, and large doses (100 micrograms) given intravenously activated the growth of primary tumor in mice.

Xanthopterin, the pigment of yellow butterfly wings, tested on tumor growth also showed inhibitory effects. Leukopterin, the pigment of the white butterfly, did not cause inhibition, but rather neutralized the action of xanthopterin. In several cases of radiation sickness resulting from intensive x-ray therapy of carcinoma of the cervix and lymphoblastoma, the administration of 5 mgm. of pteroylglutamic acid daily relieved the leukopenia, neutropenia and anemia.

Sidney Farber and associates report the use of pteroylglutamic acid, "Teropterin," and pteroyldiglutamic acid, "Diopterin," in ninety patients with malignant diseases. Varying doses were tried at first, both intravenously and intramuscularly, and on the basis of these trials they recommended an initial dose of 20 mg. daily given intramuscularly for one week. The dose is raised to 50 mg. daily for the next two or three weeks, after which treatment depends on the patient's status.

For administration the compound is dissolved in 1 to 8 cc. of saline solution. "Diopterin" causes a local burning sensation and ache, but "Teropterin" produces no local reactions. No significant systematic reaction has occurred. Although no spectacular changes occur, some patients show an increase in appetite and energy and diminution in pain. This preliminary report on the action of "Teropterin" and "Diopterin" necessitates further investigation of these and other pteroylpolyglutamic acids in the treatment of malignant diseases.

Thus the chemotherapy of cancer compared to its status ten years ago shows numerous new veins of rich ore which if adequately mined by painstaking research workers should be exceedingly productive.—ANDREW T. HASEGAWA and CARL C. PFEIFFER, M.D.

## How To STOP WASTE

### of costly solutions!



### A RACK FREE WITH A SET OF 3!



This handsome, sturdy, glossy black, molded rack is included free with every three Menda Stainless Steel Dispensers you order.

**Free Decal Labels!**  
**Titles for 13 different solutions**  
**are included free with each**  
**Menda Dispenser.**

**Order from Your Supply House or Write to**

**MENDA CO.**

DEPT. H, 117 E. COLORADO ST.  
PASADENA 1, CALIFORNIA

#### FOR ALCOHOL ONLY

order the large Menda 8 ounce Vinylite Dispensers.

Price \$1.75 each.



*Lederle*

# FOOD SERVICE

Conducted by Mary P. Huddleson

## How to Estimate

### THE HOSPITAL'S GROCERY BILL

MIRIAM KAUFMAN and GUY H. TRIMBLE

Respectively, Dietary Commodity Analyst  
and Chief, Equipment and Supply Section  
Division of Hospital Facilities  
United States Public Health Service

THE food service is the one service offered in the hospital that everyone feels qualified to judge. The patient is not able to pass upon the efficiency or efficacy of the pharmacy, radiography or nursing service, but he does judge the culinary offering served up to his bedside three times a day. And this food service influences his attitude toward the whole hospital and every other service it has to offer.

In addition to the fact that an efficiently operated dietary department is instrumental in creating good will for the hospital, it is also an important part of the therapeutic treatment the patient receives.

Granted, then, that the valuable contribution of the dietary is recognized, the question arises: What does it cost to operate the dietary service? How can the amount of the budget to be set aside for this purpose be estimated? In most institutions this cost is based on past experience, that is, what it cost the previous year. The cost of raw food is generally considered to be approximately from 18 to 20 per cent of the total operating budget. The problem is to estimate with a fair degree of accuracy, not utilizing last year's experience, what food costs will be.

Because of the fluctuating nature of today's food prices, periodic estimates of food costs must be based on current prices in order that the hospital administration can be correctly informed of its budget needs. A table showing

estimated requirements of raw food in gross quantities appeared in the November 1947 issue of *The MODERN HOSPITAL* in an article entitled "How Much Is Enough Food to Buy?"

These requirements were based on food consumption figures based on a survey of 17 hospitals by the American Dietetic Association.\* The quantities were given in a range of figures. For example, it was estimated that an average 100-bed hospital within a three-month period would consume between 2950 and 3120 gallons of milk, and between 9612 and 10,000 pounds of meat. Quantities for each food category were estimated in this fashion. The purpose of this article was threefold: (1) to guide the purchaser in buying; (2) to furnish a gross method of checking adequacy of diet; (3) to serve as a basis for preparing budget estimates.

This article elaborates and presents methods for computing raw food costs as a basis for budgetary estimates. The tables shown serve as procedural guides, and the hospital should apply these methods to its own particular situation.

First, it was necessary to arrive at a total cost per pound for each food group. The groups were determined by selecting commonly used food items

\*McAuley, M. Faith: Food Control and the Food Ledger, J.A.D.A., May 1934.

and grouping them on the basis of nutritive content or unique contribution to the diet. This first step is illustrated in table 1.

Second, food costs per person per week were determined. The quantities consumed per person were figured on the basis of studies of food consumption patterns and nutritional requirements. The food amounts were then multiplied by the costs. The procedure for step two is shown in table 2.

Table 3 illustrates the third step. The food costs and quantities, derived in table 2 on a per person basis, were applied to the hospital situation. In other words, the per person weekly food requirements and costs were multiplied by the number of food rations (three meals) which we anticipated would be served daily. In this manner, we arrive at total weekly food costs for the entire hospital plus quantities and costs broken down by food groups.

The cost per ration was found to range from \$0.93 to \$1.01. The cost of a week's rations (twenty-one meals) will be from \$6.54 to \$7.06. The food quantities serve as a check on adequacy of diet, and the costs serve as a basis for preparing budget estimates. A detailed explanation of each table follows.

#### Table 1—Computation of Food Group Prices

Column A—Food Groups and Items Used in Weighting

These twelve food groups, and the items within each grouping, are cur-

rently used by the Bureau of Labor Statistics, U.S. Department of Labor, for collecting *retail* food prices throughout the country and are also employed by the Bureau of Human Nutrition and Home Economics, U.S. Department of Agriculture for pricing *family* budgets. The items listed are considered representative of foods most commonly consumed by the average individual in this country. For pricing hospital food budgets these same items are used in wholesale units and at *wholesale* prices.

#### Column B—Unit of Purchase

This column shows the wholesale units in which the foods are oftenest purchased.

#### Column C—Per Cent of Use

Per cent of use within the various groups was determined on the basis of actual surveys of food consumption habits. The percentages were obtained from the aforementioned survey by the American Dietetic Association. This study of seventeen institutions showed quantities and types of food consumed, and from these data the average per cent of use for institutions was derived. The institutional figures were then compared with figures on family food choices which were obtained from the bureau of human nutrition and home economics.

The department's survey was made on a study of 10,000 families. The material from both sources was studied, and the per cent of use considered most nearly approaching that of the average general hospital was determined.

When the average family's food consumption pattern is compared with the hospital's pattern certain differences show up. The hospital buys proportionately more food in the dairy, egg and citrus fruit categories, but less of the dried beans, peas and nuts than does the family—even the family on a liberal diet. This fact is understandable when it is realized that a hospital is largely concerned with diets designed to restore health. This calls for larger quantities of protective foods and easily digested foods, such as milk, eggs and fruit.

The normal active persons comprising the family units are in need of protective food, too, but not in the same quantity. They round out their energy requirements with such foods as beans, nuts, sugars and fats. Food habits vary according to custom and also from region to region.

TABLE I - Computation of Food Group Prices						
Column Code	A	B	C	D	E	F
Group Food Groups & Items Used Code In Weighting		Unit of Purchase	% of use	Conversion Factor	Unit Weight	Cost (cents)
1. Cereals and Bakery Products						
Flour, wheat	100 lb.	15.	100.00	.0015	8.725	.01309
Macaroni	20 lb.	5.	20.00	.0025	2.582	.00645
Wheat cereal	20 oz. pkg.	2.	1.75	.0114	.272	.00310
Corn flakes	8 oz. pkg.	5.	.50	.1000	.121	.01210
Corn meal	1 lb.	-	1.00	-	-	-
Rice	1 lb.	2.	1.00	.0200	.172	.00344
Hulled oats	1 lb.	2.	1.00	.0200	.116	.00232
Flour, pancake	20 oz. pkg.	1.	1.25	.0080	.116	.00117
Bakery Products						
Bread, white	loaf	40.	.67	.5970	.120	.01764
Bread, whole wheat	loaf	10.	.67	.1192	.120	.01790
Bread, rye	loaf	5.	.67	.0746	.130	.00970
Vanilla cookies	lb.	10.	.67	.1192	.320	.01774
Soda crackers	lb.	3.	.67	.0448	.208	.00932
Total price per pound equivalent			100%			.19797
2. Dairy Products						
Cheese	lb.	7.	3.20	.0219	.485	.01062
Milk, fresh	gal.	87.	4.00	.2175	.69	.15007
Milk, evaporated	1½ oz. can	3.	.85	.0353	.129	.00455
Ice cream	gal.	3.	1.66	.0160	1.520	.02632
Total price per quart equivalent			100%			.18956
3. Meats						
Beef						
Round Steak	lb.	10.	1.00	.1000	.560	.05400
Rib roast	lb.	10.	1.00	.1000	.483	.04830
Chuck roast	lb.	5.	1.00	.0500	.460	.02250
Stew meat	lb.	5.	1.00	.0500	.430	.02150
Liver	lb.	5.	1.00	.0500	.602	.03010
Hamburger	lb.	5.	1.00	.0500	.365	.01825
Total		40%				
Veal						
Cutlets	lb.	5.	1.00	.0500	.532	.02660
Roast, boned and rolled	lb.	2.	1.00	.0200	.400	.00800
Total		7%				
Pork						
Chops	lb.	5.	1.00	.0500	.493	.02465
Ham, sliced	lb.	5.	1.00	.0500	.590	.02950
Ham, whole	lb.	5.	1.00	.0500	.570	.02850
Sausage	lb.	3.	1.00	.0300	.478	.01434
Bologna	lb.	2.	1.00	.0200	.443	.00886
Total		20%				
Lamb						
Leg	lb.	5.	1.00	.0500	.563	.02915
Rib chop	lb.	3.	1.00	.0300	.750	.02250
Total		8%				
Poultry						
Roasting chicken	lb.	15.	1.00	.1500	.520	.07800
Fish						
Salmon, pink	16 oz. can	10.	1.00	.1000	.482	.04820
Total price per pound		100%				.51295
4. Eggs		dozen *	100%	1.00	1.0000	.703
Total price per pound			100%			.70300
5. Potatoes, Sweet Potatoes						
Sweet potatoes	lb.	10.	1.00	.1000	.068	.00680
Potatoes	100 lb.	90.	100.00	.0090	3.983	.03585
Total price per pound		100%				.04265
6. Dried Beans and Peas, Nuts						
Navy beans	lb.	40.	1.00	.4000	.150	.05000
Peanut butter	lb.	60.	1.00	.6000	.300	.18000
Total price per pound		100%				.24000
7. Tomatoes, Citrus Fruits						
Oranges	Crate, Calif. (76 lb.)	55.	76.00	.0072	3.550	.02556
Grapefruit	Crate, Fla. (80 lb.)	15.	80.00	.0019	3.333	.00633
Grapefruit juices	#10 can	15.	6.50	.0231	.390	.00901
Canned tomatoes	#10 can	15.	6.38	.0235	.677	.01591
Total price per pound		100%				.05681
8. Leafy, Green, Yellow Vegetables						
Beans, green fresh	Bushel (28 lb.)	7.	28.00	.0026	3.404	.00885
Cabbage, green	Crate (50 lb.)	15.	50.00	.0030	2.900	.00870
Carrots, without tops	Bushel (50 lb.)	16.	50.00	.0032	3.338	.01068
Lettuce	Crate (50 lb.-5 doz.)	25.	60.00	.0012	7.667	.03220
Spinach	Bushel (18 lb.)	10.	18.00	.0056	1.958	.01096
Beans, green, canned	#10 can	12.	6.313	.0190	.742	.01410
Peas, canned	#10 can	15.	6.553	.0228	.685	.01562
Total price per pound		100%				.10111
9. Other Vegetables, Fruits						
Apples	Bushel (48 lb.)	20.	48.00	.0041	3.500	.01435
Bananas	1b.	20.	1.00	.2000	.136	.02780
Onions, fresh	Sack (50 lb.)	10.	50.00	.0020	1.100	.00820
Beets, bunched, fresh, with tops	Crate (42 lb.)	12.	42.00	.0028	2.117	.00677
Peaches, canned	#10 can	9.	6.75	.0133	.980	.01303
Pineapple, canned, sliced	#10 can	15.	6.75	.0222	1.048	.02326
Corn, canned	#10 can	10.	6.825	.0150	.913	.01370
Prunes, dried	lb.	4.	1.00	.0400	.183	.00732
Total price per pound		100%				.11383
10. Fats and Oils						
Butter	lb.	40.	1.00	.4000	.898	.35920
Bacon	lb.	20.	1.00	.2000	.602	.16040
Lard	lb.	5.	1.00	.0500	.317	.01585
Shortening, compound	lb.	5.	1.00	.0500	.166	.02030
Mayonnaise	gal.	5.	6.00	.0052	1.575	.00976
Margarine	lb.	10.	1.00	.1000	.377	.03770
Oil, cooking or salad	gal.	15.	7.688	.0195	2.970	.05792
Total price per pound		100%				.66113
11. Sugars and Sweets						
Sugar	100 lb.	80.	100.00	.0080	8.926	.07111
Corn syrup	5 lb. can	5.	5.00	.0100	.542	.00542
Molasses	#10 can	10.	9.344	.0107	.892	.00544
Apple butter	#10 can	5.	7.50	.0067	.815	.00546
Total price per pound		100%				.09183
12. Accessories						
Coffee	lb.	40.	1.00	.4000	.457	.18680
Tea	lb.	4.	1.00	.0356	.900	.01582
Cocoa	lb.	3.	1.00	.0300	.357	.01120
Other **	-	-	-	-	-	.11000
Total cost per person per week			100%			.34392

\* 30 dozen = 1 case

\*\* Other includes condiments, spices, etc. in unknown quantity. The cost per person per week is estimated in the cost column (g) - This is not on a per pound basis because the food is not consumed in sufficiently large quantity.

nite percentage of the quantity of all food in its group, or in other words to assign each food a weight.

The following is the mathematical procedure for determination of the weight.

$$\frac{\% \text{ of use}}{\text{conversion factor}} = \text{weight}$$

Notice that for wheat flour (group 1) the "% of use" is 15; the "conversion factor" is 100.

$$\frac{15}{100} = 0.0015, \text{ the weight}$$

ing of wheat flour.

If the percentage of use of an item is changed to make it conform with a particular hospital food consumption pattern, it is necessary to refigure the weighting for the food items changed.

#### Column F—Unit Price

The wholesale prices entered in this column were obtained from Washington, D.C., wholesale dealers in December 1947. Local prices should be used because of variations from area to area. However, the same food items must be priced locally as are listed in column A, and they must be priced in the same units of purchase shown in table 1.

#### Column G—Costs

The "total price per pound" for the first eleven food groups is obtained by multiplying the "unit price," column F, by the "weight," column E. The result is entered under "cost," column G. For example, under group 1, the unit price for wheat flour is \$8.72. This is multiplied by the weight, 0.0015, to obtain the cost in cents per pound, \$0.01309. The same process is carried out for each food item in the groups. The "total price per pound" is obtained by adding up the "cost" column. The "total price per pound" for group 1, "Cereal and Bakery Products," is \$0.19.

In order to arrive at local cost per pound it is necessary only to obtain local wholesale prices, multiply by the weights provided, and total the cost column.

The next step is to determine how much food one person will consume in a week and what the cost will be.

#### Table 2—Estimating Raw Food Requirements and Costs per Person per Week

**Column A.** These food groups are explained in table 1.

**Column B.** This column gives the

TABLE II - Estimating Raw Food Requirements and Costs per Person per Week							
Column Code	A	B	C	D	E	F	G
Group Code	Food Group	Unit	Total Price per pound & quart equiv.	Moderate Quantity	Estimated Quantity Requirement & Costs Per Person Per Week	Liberal Quantity	Cost
1	Cereals and Bakery Products	lb.	.197	3.30	.650	3.36	.660
2	Dairy products (milk equiv.)	qt.	.189	6.25	1.180	6.86	1.296
3	Meats	lb.	.513	4.04	2.072	4.20	2.155
4	Eggs	doz.	.703	.62	.136	.53	.143
5	Potatoes, Sweet potatoes	lb.	.063	3.05	.131	3.66	.157
6	Dried Beans and Peas, Nuts	lb.	.240	.11	.034	.22	.053
7	Tomatoes, Citrus fruits	lb.	.057	3.31	.189	3.56	.203
8	Leafy, Green, Yellow Vegetables	lb.	.101	3.17	.320	4.08	.412
9	Other Vegetables, Fruit	lb.	.114	3.17	.361	4.00	.465
10	Fats and Oils	lb.	.661	1.08	.714	1.35	.760
11	Sugar and Sweets	lb.	.092	1.25	.115	1.30	.120
12	Accessories				.344		.344
Total weekly cost per person				6.56		7.068	
Total ration cost per person				.93		1.01	

TABLE III - Estimating Raw Food Requirements and Costs for "X" Hospital							
Column Code	A	B	C	D	E	F	G
Group Code	Food Group	Unit	Total Price per pound & quart equiv.	Hospital "X" (100 bed general) - 183 rations	Moderate Quantity	Cost	Liberal quantity
1	Cereals & Bakery Products	lb.	.197	603.90	118.968	611.68	121.131
2	Dairy Products (milk equiv.)	qt.	.189	1149.24	216.606	1255.38	237.266
3	Meats	lb.	.513	739.32	379.271	768.60	391.292
4	Eggs	doz.	.703	113.46	79.762	115.29	81.049
5	Potatoes, Sweet potatoes	lb.	.063	558.15	24.000	669.78	28.800
6	Dried Beans & Peas, Nuts	lb.	.240	25.62	6.149	40.26	9.662
7	Tomatoes, Citrus fruits	lb.	.057	605.73	34.527	651.48	37.134
8	Leafy, Green, Yellow Vegetables	lb.	.101	580.11	56.591	746.64	75.411
9	Other Vegetables, Fruit	lb.	.114	580.11	66.132	746.64	85.117
10	Fats and Oils	lb.	.661	197.64	130.640	210.45	139.107
11	Sugar and Sweets	lb.	.092	226.75	21.045	237.90	21.887
12	Accessories				62.952		62.952
Total weekly cost for Hospital "X"				1,198.642		1,293.808	
Total daily cost for Hospital "X"				171.234		184.029	
Total ration cost per person				.93		1.01	

In using table 1 for estimating costs, local application will change the per cent of use to conform with local food habits. For example, in the "Cereal and Bakery Products" group no per cent of use is indicated for cornmeal. However, if this is a staple item in the local food pattern, the percentage for white flour or some other food within the group should be reduced, and a corresponding percentage should be entered for cornmeal. Within each group the percentage should total 100.

#### Column D—Conversion Factors

The conversion factors are provided to make possible the conversion of all heterogeneous units, packages or containers to a single basis, usually the pound. The efficient operation of institutions in which people are fed requires an approximate nutritional accounting as well as financial accounting. In dealing with hospitals, the

reduction of dietaries to a basis of pounds of classes of food per person per day has been found to be useful in financial and nutritional accounting. The reduction of the food used to such a basis requires the conversion of various units of measure to pounds.

However, in the case of "Dairy Products" all items are reduced to the milk equivalent in quart units. For example, the cheese is priced on a per pound basis, but the conversion factor 3.20 indicates that 1 pound represents 3.20 quarts of milk. In the "Cereal and Bakery Products" group the bread is priced on a per loaf basis, but each loaf represents 0.67 of a pound of flour.

#### Column E—Weight

To price an institutional food plan, it is necessary to obtain prices of individual foods and to assume that each food that is priced represents a defi-

at

Florida have un  
goodne  
boost m  
convale  
They  
essenti  
of vita  
health.  
give q  
laxatio  
of calc  
genera  
infecti  
nutriti  
Exc  
easily  
fresh  
good  
FLO  
LAKE

Refer  
1. Brid  
4th  
2. Gore  
Gen  
3. McL  
W. L.  
4. Ros  
G. M.  
5. She

ity of all  
words to  
hematical  
of the

ght  
r (group  
ne "con-

weight-

an item  
a with a  
umption  
ure the  
changed.

red in  
l from  
dealers  
should  
from  
the food  
as are  
must be  
purchase

or the  
ned by  
column  
The  
olumn  
l, the  
8.72.  
ight,  
rs per  
process  
in the  
und"  
cost"  
und"  
Prod-

per  
tain  
the  
cost

now  
ame  
be.

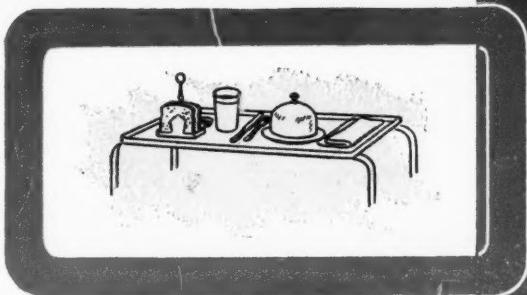
d

are

the

AL

# A better dietary at lower cost!



## ...with citrus fruits and juices

Florida citrus fruits and juices—low in cost—have universal appeal. Their tart, refreshing goodness, enhances tray appeal to help boost nutritional rehabilitation and thus speed convalescence.

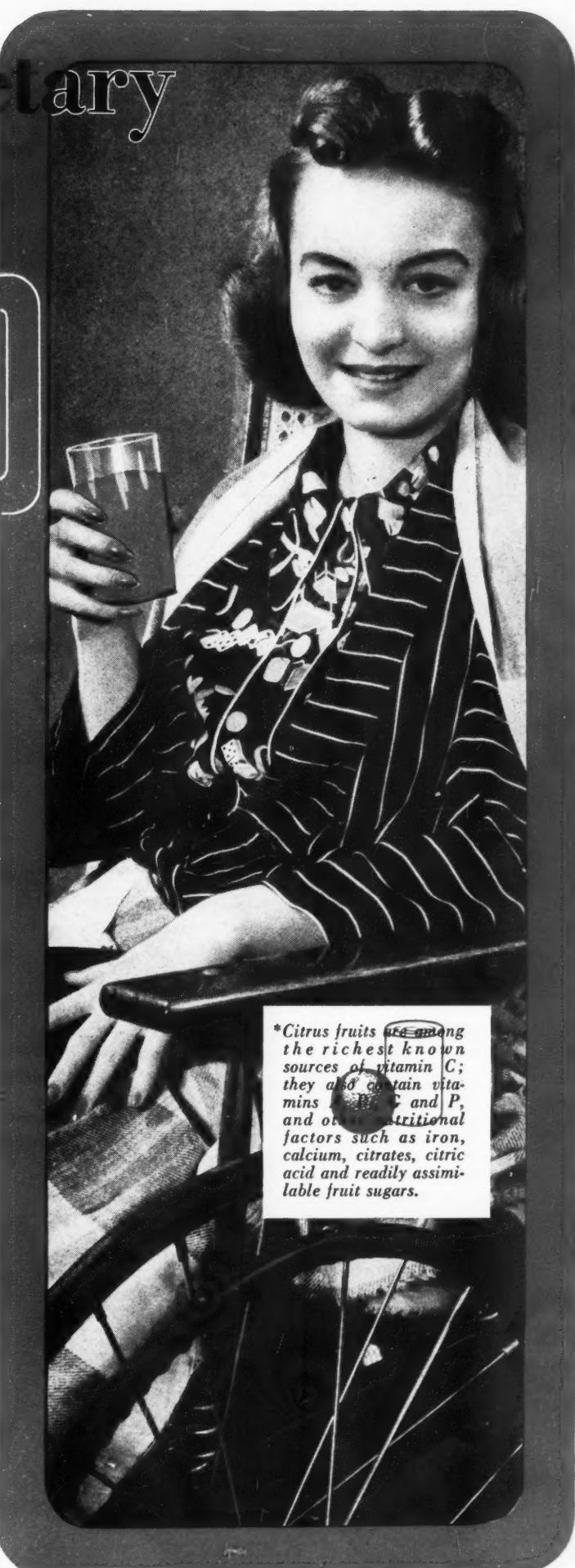
They are exceptionally varied in their store of essential nutrients,\* with an abundance of vitamin C—so essential for optimum tissue health.<sup>5</sup> Their easily-yielded fruit sugars give quick energy release.<sup>3</sup> And their mild laxation,<sup>4</sup> normalizing systemic effect,<sup>3</sup> promotion of calcium utilization,<sup>1</sup> appetite stimulus,<sup>3</sup> and general usefulness in the management of chronic infectious conditions,<sup>2</sup> make them excellent nutritional adjuvants to therapy.

Except where contraindicated, the liberal use of easily prepared Florida citrus fruits and juices—fresh or canned—is good medicine . . . and good dietary management.

**FLORIDA CITRUS COMMISSION  
LAKELAND, FLORIDA**

### References:

1. Bridges, M.A.: Dietetics for the Clinician, Lea & Febiger, 4th ed., 1941.
2. Gordon, E.S. and Sevringshaus, E.L.: Vitamin Therapy in General Practice, The Year Book Publishers, Inc., 2nd ed., 1942.
3. McLester, J.S.: Nutrition and Diet in Health and Disease, W. B. Saunders Co., 4th ed., 1944.
4. Rose, M.S.: Rose's Foundation of Nutrition, Revised by G. MacLeod and C. M. Taylor, The Macmillan Co., 4th ed., 1944.
5. Sherman, H.C.: Chemistry of Food and Nutrition, The Macmillan Co., 7th ed., 1946.



\*Citrus fruits are among the richest known sources of vitamin C; they also contain vitamins B, P, E and P, and other nutritional factors such as iron, calcium, citrates, citric acid and readily assimilable fruit sugars.

unit of measurement for each food group.

Column C. Total prices per pound are transferred from table 1.

Columns D and F. These quantities are the requirements per person per week based on the hospital surveys and nutritional requirements. Computing costs for both "moderate" and "liberal" quantities gives a range of costs by which to make comparisons.

Columns E and G. In order to arrive at costs for the various food groups, the "total price per pound" was multiplied by the figures listed in the "moderate quantity" and "liberal quantity" columns. When all spaces in the "cost" column have been filled in, the costs of the eleven food groups and accessories are added to obtain the weekly food costs per person. The "total cost per person per week" ranges from \$6.54 to \$7.06. The cost of raw food per person per day is thus between \$0.93 and \$1.01. These figures do not include the costs of preparation.

With the estimated raw food requirements and costs per person computed, the problem is to figure just what the food will cost a hospital for a period of one week.

### Table 3—Estimating Food Requirements and Costs for Hospital X

Hospital X is a hypothetical hospital in which an average of 550 meals is served each twenty-four hours. For expediency in calculating, 550 is divided by 3 to arrive at 183 rations. This does not necessarily mean that only 183 persons (patients and personnel) are fed in Hospital X, inasmuch as some employees may take only one or two meals daily. However, it simplifies the calculations to consider the problem in terms of rations. The weekly cost of the food for the entire hospital is calculated as follows:

Column A lists the food groups; B, the units of measurement, and C, the total prices per pound and quart equivalent. These columns are identical with the first three in table 2. In columns D and F, the quantities of food required to feed 183 persons for a period of one week are given on two levels of feeding, termed "moderate" and "liberal" quantities. These quantities are obtained by multiplying 183 rations by the quantity requirements per person shown in columns D and F of table 2. For example, when the quantities of "Cereal and Bakery Prod-

ucts"—between 3.30 pounds and 3.36 pounds per person per week—are multiplied by 183, the food requirements for Hospital X are found to be between 603.90 pounds and 614.88 pounds per week.

Columns E and G show the costs of raw food for Hospital X for one week obtained by multiplying the "quantity" columns by the "total cost per pound" column. In the "Cereal and Bakery

Products" category the costs range from \$118 to \$121 per week. For very small or very large institutions, adjustments are necessary in consideration of small or large quantity purchasing. The cost figures given here are best suited to buying practices of hospitals of fifty to 200 beds. By totaling the "cost" columns, Hospital X can depend on spending between \$1198 and \$1293 per week for raw food.

## FOOD FOR THOUGHT

### Sit When You Can

Standing takes 14 per cent more energy than does sitting, standard energy studies show. Therefore, a simple obvious rule for saving strength is: sit to do all lengthy jobs located in one place.

Household management specialists of the U. S. Department of Agriculture point out that many kitchens and laundries are not arranged for convenient sitting. Too often the only seat is a high stool where the worker must perch precariously with feet dangling and without back support, and bend uncomfortably over work. In larger kitchens a short work counter may be built at a level of from 25 to 26½ inches from the floor with space underneath for knees and feet. Older women, heavier women and those not physically up to par are probably most in need of sit-to-work arrangements but even the strongest can profit by saving energy.

### Recipes by Request

#### Stuffed Eggs With Mushrooms on Rice

*Yield: 100 Portions\**

- 5 pounds mushrooms
- 5 tablespoons chopped onion
- ½ pound fat
- 12 ½ dozen hard cooked eggs (150)
- 5 tablespoons dry mustard
- 2 tablespoons salt
- ¼ teaspoon cayenne pepper
- ¼ teaspoon white pepper
- 3 cups light cream or top milk
- 8 pounds white rice, uncooked  
(4 quarts, as purchased)
- 8 quarts medium white sauce,  
seasoned

#### Mushroom Sauce

Slice mushroom caps and sauté in fat approximately for twenty minutes.

\*Size of portion: ¾ cup rice and 3 egg halves.

When mushrooms are well cooked add to medium white sauce and mix together.

#### Sauce

- ½ pound fat
- 6 quarts medium white sauce,  
seasoned

Remove stems from mushrooms. Wash caps and stems. Chop mushroom stems fine. Save caps for sauce. Sauté chopped mushroom stems and chopped onion together in the fat. Cut hard cooked eggs in half and remove yolks. Chop yolks and add to sautéed onion and mushroom stems. Add seasoning and cream or top milk. Cook rice in boiling salted water for approximately ten minutes. Combine cooked rice with seasoned cream sauce.

Place rice mixture in small steam table pan. Place halves of egg whites on rice. (Allow 7½ cups rice and 30 halves of eggs for each pan.) With pastry bag, stuff eggs with egg yolk and mushroom mixture, approximately 4 teaspoons per half egg. Just before serving heat in moderate oven (350° F.) for ten or fifteen minutes or until well heated. Baste with mushroom sauce. Serve each portion with mushroom sauce.

#### Hot or Cold Ham Loaf

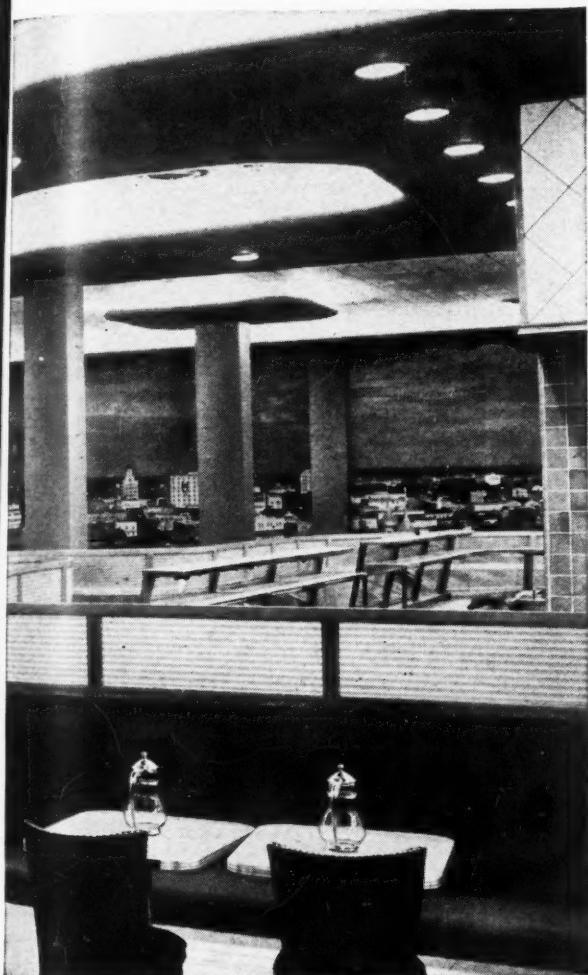
*Yield: 50 Portions*

- 6 pounds uncooked smoked ham,  
ground
- 6 pounds uncooked pork, ground
- 6 eggs
- 1 quart canned tomatoes
- 2 cups cracker crumbs
- ½ teaspoon pepper

Combine all ingredients and mix well. Pack into four (9 by 5 inch) loaf pans. Bake in slow oven (300° F.) for two hours. Serve hot with raisin or mustard sauce or ham gravy. This loaf is also excellent served cold.

... range  
eek. For  
stitutions,  
considera-  
purchas-  
here are  
of hos-  
totaling  
X can  
\$1198  
od.

# Cafeteria ...



Interior of the beautiful Morrison's Cafeteria in Tampa. This unit opened December 1, 1947.

One source for  
all your Glassware needs  
... LIBBEY GLASS

Whatever you need in glassware for your operation you get top quality at amazing economy with Libbey glassware. See your Libbey Jobber for everything in glassware or write directly to us.

## equipped with **LIBBEY** **HEAT-TREATED** **Tumblers**

**B**ECAUSE Libbey Heat-Treated Tumblers last from 3 to 5 times *longer* than ordinary tumblers, the new Tampa, Florida, branch of the 12 modern Morrison's Cafeterias is fully equipped with Libbey Heat-Treated Tumblers.

Take a tip from Mr. E. C. Krug, President of Morrison's Cafeterias, with headquarters in Mobile, who recommends: "Libbey Heat-Treated Tumblers are ideal! They reduce replacement costs, lower glassware investments, save on storage space and reduce breakage. All this *plus* an attractive thin-blown shape."

Remember, all Libbey Heat-Treated Tumblers are backed by the famous Libbey guarantee: "A new glass if the 'Safedge' ever chips." See your Libbey Jobber for samples and prices.

**LIBBEY GLASS**

**TOLEDO 1, OHIO**

Copyright 1948, Libbey Glass, Division of Owens-Illinois Glass Company, Toledo 1, Ohio



# Menus for June 1948

Virginia Morrow Bluestein  
Southwestern Presbyterian Sanatorium  
Albuquerque, N.M.

1	2	3	4	5	6	7	8
Prune Juice Soft Boiled Egg	Orange Juice Scrambled Eggs	Applesauce Bacon	Grapefruit Juice Poached Egg	Tomato Juice Soft Boiled Egg	Half Grapefruit Hotcakes, Sausage, Syrup	Plums Poached Egg	Orange Slices Soft Boiled Egg
*	*	*	*	*	*	*	*
French Onion Soup Macaroni and Cheese Carrots Julienne Lettuce, 1000 Is.Dr. Bing Cherries, Date Swirls	Fruit Juice Cocktail Roast Beef, Brown Gravy Whipped Potatoes Green Beans Tomato, Lettuce Sal. Banana Cr. Pudding	Chicken Bouillon Broiled Lamb Chops Baked Potato Spinach, Lemon Lime Gelatin Salad Baked Custard, Vanilla Sauce	Fruit Cup Baked Salmon, Tartare Sauce Esc. Potatoes Fresh Asparagus Cabbage, Carrot Slaw Fresh Fruit Corn Bread	Grapefruit Juice Roast Pork, Applesauce Bkd. Sweet Potato Buttered Beets Pear, Jelly Salad Whipped Gelatin	Fruit Juice Cocktail Stewed Chicken, Dumplings Whipped Potatoes Broccoli, Lemon Pineapple Salad Raspberry Sundae	Loganberry Juice Liver, Onions Baked Potato Stewed Tomatoes Tossed Veg. Salad Fruit Cup, Chocolate Cake	Fruit Cocktail Fried Rabbit, Green Gravy Whipped Potatoes Buttered Beets Asparagus Salad Butterscotch Pud.
*	*	*	*	*	*	*	*
Cr. of Tomato Soup Tuna Salad, Potato Chips Frozen Peas Lemon Pie	Beef Broth Meat Pie, Vegetables Peach, Cream Cheese Salad Vanilla Ice Cream	Cream of Pea Soup Ham Salad Sandwich Carrot, Celery Sticks, Sw. Pickles Mixed Fruit Salad Lady Baltimore Cake	Vegetable Soup Corn Souffle, Bacon Lettuce, Fr.Dr. Bread Pudding	Cr. of Spinach Soup Fresh Fruit Plate Cottage Cheese Ice Box Cake	Clear Consomme Cr. Chipped Beef on Toast Beet, Egg Salad Gingerbread, Lemon Sauce	Tomato Bouillon Turkey Croquettes Creamed Peas Grape Salad Strawberry Shortcake	Chicken Broth Scrambled Eggs, Brains Tomato, Lettuce Salad Cherry Pie
*	*	*	*	*	*	*	*
9	10	11	12	13	14	15	16
Half Grapefruit Poached Egg	Applesauce Sausages	Orange Sections Poached Egg, Bacon	Apple Juice Fried Eggs	Prune Juice Scrambled Eggs, Bacon	Grapefruit Juice Poached Egg	Orange Juice Ham Sweet Rolls	Half Orange Scrambled Eggs
*	*	*	*	*	*	*	*
Jellied Consomme Veal Roast, Gravy Browned Potatoes and Carrots Lettuce Salad Fresh Grapes	Fruit Juice Italian Spaghetti Green Beans Tossed Green Sal. Pears, Cookies	Vegetable Soup Shrimp a la Newburg Par. Potatoes Fresh Asparagus Peach, Cottage Cheese Salad Lemon Biscue	Bouillon Swiss Steak Baked Potato Mexican Corn Vegetable Salad Bing Cherries	Fruit Juice Baked Ham, Raisin Sauce Cand. Sweet Potatoes French Green Beans Grape Salad Ice Box Cake	Pineapple Juice Broiled Lamb Chops Parsley Potatoes Julienne Carrots Tomato Salad Fresh Fruit	Cr. of Tomato Soup Baked Heart, Dressing, Gravy Whipped Potatoes Stewed Tomatoes Lettuce, 1000 Is.Dr. Fresh Fruit	Fruit Cup Liver Loaf, Mushrooms Baked Potato Harvard Beets Grapefruit Salad Apple Pie
*	*	*	*	*	*	*	*
Cr. of Corn Soup Hamburger, Bun Escalloped Tomatoes Relish Plate Chocolate Ice Cream	Celery Soup Chicken Salad Carrot Sticks Pineapple Upside Down Cake	Tomato Juice Cheese Souffle Spinach Gelatin Salad Berry Cobbler	Split Pea Soup Toasted Ground- meat Sandwich Sweet Pickles Banana Salad Lemon Pudding	Cr. of Potato Soup Cold Cuts Sliced Tomatoes Potato Chips Chocolate Sundae	Beef Broth Meat, Vegetable Stew Green Lima Beans Mixed Fruit Salad Vanilla Pudding	Cr. of Pea Soup Toasted Cheese Sandwich Peach Salad Strawberry Tart	Beef Broth Spanish Rice Buttered Peas Tossed Green Sal. Lemon Sherbet
*	*	*	*	*	*	*	*
17	18	19	20	21	22	23	24
Prunes Poached Eggs on Toast	Half Melon Soft Boiled Egg	Orange Juice Poached Eggs	Half Orange Scrambled Eggs	Tomato Juice Soft Boiled Eggs	Apple Juice Scrambled Eggs	Banana Soft Boiled Eggs	Grapefruit Juice Sausage
*	*	*	*	*	*	*	*
Limeade Roast Beef, Gravy Browned Potatoes, Carrots Lettuce Salad Chocolate Pudding	Weal Chops Buttered Rice Fresh Asparagus Orange, Avocado Sal. Whipped Gelatin	Pineapple Juice Beef Ribs Baked Potato Cauliflower au gratin Mixed Veg. Salad Cherries, Cookies	Fruit Cup Fried Chicken, Gravy Whipped Potatoes Peas and Mushrooms Peach, Cottage Cheese Salad Melon	Fruit Juice Fried Liver, Onions Steamed Potatoes Green Beans Carrot and Celery Sticks Fresh Grapes	Fresh Veg. Soup Broiled Fish Escalloped Potatoes Harvard Beets Grapefruit Salad Fruit Gelatin, Cookies	Cream of Pea Soup Chicken Salad Potato Chips Sliced Tomatoes Pineapple Sundae	Fruit Juice Steak Baked Potato Wax Beans Salad Butterscotch Pudding
*	*	*	*	*	*	*	*
Cr. of Spinach Soup Tomato Stuffed with Cottage Cheese Baked Potato Pear Salad Chocolate Cake	Tomato Bouillon Creamed Eggs on Toast Vegetable Salad Strawberry Ice Cr.	Grapefruit Juice Breaded Pork Chops Whole Kernel Corn Fried Apples Lettuce, 1000 Is.Dr. Fruit Plate	Fresh Veg. Soup Cold Baked Ham Sliced Tomatoes Potato Chips Mixed Fruit Sal. Pineapple Sundae	Chick. Noodle Soup Roast Veal, Gravy Buttered Rice Buttered Asparagus Banana Nut Salad Lemon Biscue	Raspberry Juice Boiled Tongue, Mustard Sauce Corn on the Cob Summer Squash Grapefruit Salad Fruit Gelatin, Cookies	Chicken Noodle Soup Roast Beef, Gravy Browned Potatoes, Carrots Cabbage, Sour Cream Dressing Ring Cherries, Date Swirls	Fruit Cup Meat Balls Whipped Potatoes Buttered Peas Tossed Salad Cherry Pie
*	*	*	*	*	*	*	*
25	26	27	28	29	30		
Prune Juice Scrambled Eggs	Orange Juice Soft Boiled Eggs	Orange Juice French Toast Bacon	Pineapple Juice Sausage	Stewed Prunes Scrambled Eggs	Banana Soft Boiled Eggs		
*	*	*	*	*	*		
Cr. of Tomato Soup Trout, Lemon Slice Hashed Brown Potatoes Julienne Carrots Lettuce Salad Lemon Meringue Pudding	Grapefruit Juice Roast Veal Browned Potatoes Escalloped Eggplant Molded Veg. Salad Watermelon	Fruit Cup Roast Turkey, Dressing Cranberry Sauce Whipped Potatoes Fresh Asparagus Lettuce Salad Butter Pecan Pie	Consomme Steak, Mushroom Gray Baked Potato Summer Squash Tossed Green Salad Fresh Fruit	Apple Juice Cheese Souffle Buttered Peas Tomato, Lettuce Sal. Cream Pie	Grapefruit Juice Lamb Chops Creamed Potatoes Broccoli Celery, Carrot Sticks Ring Cherries, Cookies	Grapefruit Juice Lamb Chops Creamed Potatoes Broccoli Celery, Carrot Sticks Ring Cherries, Cookies	
*	*	*	*	*	*		
Apple Juice Meat Veg. Stew Parsley Potatoes Orange, Grapefruit Salad Choc. Ice Cream, Cookies	Cherry Juice Hamburger on Bun Relish Plate Fruit Gelatin, Whipped Cream	Vegetable Soup Tomato Stuffed with Cottage Cheese	Grapefruit Juice Meat Loaf Escalloped Potatoes Spinach Fruit Salad Honey Dew Melon	Melon Cocktail Chicken Pie Corn on the Cob Grapefruit Salad Chocolate Pudding, Whipped Cream			

Ready-to-eat or cooked cereals are offered on all breakfast menus.

Bluestein  
Sanatorium  
Cerro Negro, N.M.

# own Ice



## high as 75%

Now, your own ice cubes, at a rate as high as 8000 per day from the easily installed York Automatic Ice Maker.

Think of what this marvelous York unit will mean to you in dollars saved and handling ease from start to finish.

The sensational York Automatic Ice Maker can be installed in any convenient spot—quickly and easily. Time and labor saving, it gives you your own independent supply of ice cubes.

Phone your nearest York distributor. He will give you a *free* cost analysis based on your water and power figures. It will prove the amazing savings possible with the York Automatic Ice Maker.

York Corporation, York, Pennsylvania.

York Automatic Ice Maker freezes ice cubes directly from the water supply. Is available with or without storage bin. Crystal clear cubes with the hole cool drinks faster . . . protect beverages against loss of carbonation.



# YORK Refrigeration and Air Conditioning



HEADQUARTERS FOR MECHANICAL COOLING SINCE 1885

# MAINTENANCE AND OPERATION

## THE FUNCTIONAL BASIS OF HOSPITAL PLANNING

### FIRE SAFETY IN HOSPITALS

Continuing a Study by the  
Division of Hospital Facilities  
United States Public Health Service

THE hospital, above all other public service institutions, is one place in which the average individual gives no thought to potential danger from fire. He is trained to observe protective measures at school, at work, at assembly halls, or elsewhere and is usually alert to the risk and danger of fire or panic. His entry into a hospital, however, is associated with injury or illness to himself, his family, or his friends, and all his concern is wrapped around his personal problems. Consequently, he has little interest left for the basic precautions which he otherwise would observe. This is as it should be for, surely, at such times all possible attention needs to be concentrated on overcoming illness and its difficulties.

Yet, today, the situation with regard to fire safety in hospitals is far from ideal. Data on fires at hospitals and similar institutions show that we have an incident rate of about one a day in this country. The result is untold pain and suffering and an annual property loss of millions of dollars.

Immediately following any hospital fire disaster prominent enough to merit nationwide publicity, local authorities and individuals become apprehensive for the safety of the institutions in their own communities. Only at these times do they become acutely aware of their problems relating to fire safety. Attempts are sometimes made then to improve conditions which may harbor such dangers. But, for many reasons, all corrective measures are rarely

completed, and total safety is always under suspicion.

It is difficult to assign a definite cause for many hospital fires. Some of the disasters occur in old buildings of inferior construction. Some may be due to improper installation or operation of equipment. Others are undoubtedly caused by poor housekeeping. It may be impossible to eliminate all hazard with regard to hospital functions, but it is readily possible to localize and minimize the effect of such dangers by insisting on completely fire safe construction.

To make every present day hospital fire safe would be a difficult, as well as an expensive, task. Some buildings, however, could be readily protected with little additional work. The services of a qualified architect or engineer should be retained to make a study of a particular structure if the hospital administration has any doubt about the condition of the building.

Consultation with local and state fire commissioners will also be helpful. Such a survey probably would reveal many difficulties resulting from maintenance and operation as well as construction details and exit facilities—things that are inherently wrong but pass unnoticed in day-to-day activity.

While we can improve our existing facilities only to a certain point before the law of diminishing returns takes effect, there are no such limitations on new construction. We can and should provide the best planning aids and construction meth-

ods for the millions of dollars' worth of new hospital buildings soon to be erected throughout the country. It will not cost any more to provide a well planned facility, from the point of fire safety, than to provide a poorly planned one, if cognizance is taken of the basic considerations involved.

The practice of fire safety begins in the designer's office. This fact cannot be stressed too strongly. Unless adequate fire safety is incorporated in the original planning and design stage of a building, it may never be fully achieved. The cost of installing safety features, although relatively minor at the time of construction of the building, may be so prohibitive at a later date as to permit only partial compliance with generally accepted standards.

#### BASIC PRINCIPLES

In essence, the basic principles of fire safety as applied to the design of buildings will include three functions: (1) the planning and construction of the building so as to minimize the chance of fire's starting or spreading beyond the point of origin; (2) the planning for sufficient and adequate exit facilities so that occupants can be rapidly and safely evacuated if the need arises; (3) the planning for the prompt discovery and announcement of fires and for the necessary facilities for their extinguishment. The degree of safety achieved is entirely dependent upon the extent to which the foregoing conditions are realized.

**BEFORE YOU INVEST IN  
ANY WASHER CONTROL, CHECK THESE**

*Fully Automatic*

**FEATURES OF THE HOFFMAN  
CENTRAL CONTROL SYSTEM**

**DRAWS ITS OWN SUPPLIES**

Nobody has to carry a supply bucket at any time! Central supply tanks hold enough soap, bleach, sour and blue for a full day's operation of washers. No re-charging for each run as with individual washer control stands. Each washer draws its own supplies by means of its own fully automatic control.

**SAVES CLEAN-OUT TIME  
AND LABOR**

Whereas individual control stands require laborious clean-out of many supply compartments and lines, the Hoffman central system operates automatically. A few simple valve adjustments provide cleaning of the entire system. This saves time and labor—permits more washing (before shutdown time) and starts washing sooner the next day.

**FILLS THE EXACT FORMULA  
OF EACH WASHING CYCLE**

The Hoffman washer control unit provides a choice of several predetermined formulas. By setting at the desired formula, the control for each washer draws exact amounts of supplies, at the right time. No over or under amounts—no chance for forgetting.

Get the full MONEY-SAVING  
Story with a HOFFMAN Laundry  
Survey NOW!

For adequate, balanced supplies of clean linen, Hoffman experienced technicians analyze your laundry operating costs; survey your linen requirements and suggest linen control schedules; furnish efficient new laundry layout plans; recommend equipment to help you save floor space, time and labor, fuel and supplies and linen.

**U. S. HOFFMAN** MACHINERY  
INSTITUTIONAL LAUNDRY DIVISION • BRANCHES IN ALL PRINCIPAL CITIES CORPORATION  
107 Fourth Ave., New York 3, N.Y.

## CONSTRUCTION

In designing a building to lessen the chances of a fire's starting, efforts must be directed toward eliminating as many danger spots as possible. Attention should be focused on (1) hazards caused by overtaxed or otherwise inadequate heating systems; (2) clearance of furnaces, fireplaces, chimneys, smoke pipes, and breechings of combustible materials; (3) proper construction of chimneys and incinerators to contain the flames and gases; (4) ample clearance from adjacent structures to avoid exposure to fires; (5) protection of exterior openings, when necessary, to prevent entrance of fires; (6) isolation of flammable and explosive gases and liquids; (7) resistance of roofs to sparks and flying brands, and (8) provisions for the restriction and control of smoke and noxious gases.

Materials incorporated in the construction of a hospital should be of an incombustible nature. Wood trim and fabrics should be properly treated to retard the spread of flames. All structural members should be constructed to maintain the required strength and stability for a specified time in the event of prolonged exposure to fire.

Adequate fire resistance ratings for the various structural elements of different types of buildings have been established by many up-to-date building codes and other authorities, and compliance with such standards should be mandatory on every hospital building. Similarly, the various types of construction which will fulfill these fire resistive ratings have also been established by test and should be used throughout.

Certain functional elements of a hospital present special hazards, and greater care should be exercised in providing for these conditions. If possible, the heating room which houses the boilers or furnaces should be located in a separate building. If this is not feasible, this room should be safely cut off from all rooms on the same floor and from the upper floors by adequate fire resistive construction.

A large, readily accessible, outside entrance should be provided to the heating room. Where an inside entrance to the heating room is desirable, it should be protected by approved fire doors of the proper classification. Other openings into the

room should be limited to those necessary for ventilation and for the passage of pipes or ducts.

Storage space for anesthetic gases should be carefully considered. Oxygen and nitrous oxide are extremely good supporters of combustion and preferably should be stored separately from ether, ethylene and ethyl chloride. However, if the main supply of anesthetics and gases is small, a single room can be used with a reasonable degree of safety, provided the room is of good size and the oxygen and nitrous oxide cylinders are kept on the side opposite the place of storage of the other anesthetics.

The room should be of fireproof construction and should have a separate exterior entrance or be located adjacent to the delivery entrance. This will facilitate delivery of heavy tanks and assure accessibility in case of fire. The storage area should be ventilated by mechanical means if possible, with air brought into the room through ducts opening not less than 6 feet from the floor and removed from the room by one opening at the ceiling and another not more than 3 feet from the floor. A normally closed, tight fitting door should be used.

Illumination should be by electricity utilizing a vaporproof incandescent fixture with a switch on the outside of the room. The standards of the National Electrical Code give detailed information on installation of electrical equipment in connection with hazardous locations.

The installation of various types of equipment should be carefully made. Kitchen ranges and ovens with their overhead hoods and ducts present a hazard from grease fires. Laundry equipment which is operated by steam, gas or electricity is a potential danger unless it is properly installed and operated. The possibility of spontaneous ignitions during laundry operations requires the utmost care in the type of construction utilized in this area.

Large refrigerating systems which supply the principal refrigeration needs of the hospital should be so located that all refrigerant containing pipes and apparatus are in an area separated from all others with entrance from the outside only. This does not apply to systems using carbon dioxide, but such refrigeration rooms should be well ventilated and constructed of fire resistive materials.

A sprinkler system is recommended

for storage rooms, workshops, basement corridors, and any areas that would not be under constant supervision.

## BARRIERS TO SPREAD OF FIRE

Since accidental fires will continue to occur, it is highly desirable to ensure that their spread in any direction, particularly through concealed spaces, will be restricted. As a barrier to the horizontal spread of fire, walls and partitions of noncombustible materials are mandatory. Self-closing doors and automatic fire doors should be used with particular attention at fire walls, stairs and other exitway openings.

It should be possible to isolate each story in an effective manner from the danger of fire, smoke or gases which may originate in other stories. To accomplish this, it is necessary to enclose all stairways, elevator shafts, and dumbwaiters in properly constructed fire resistive walls. Door openings into these enclosures should be protected by satisfactory doors of the self-closing or automatic-closing type. Similarly, all openings around pipes, ducts and conveyors which might permit the passage of smoke or gases should be properly sealed. It is important to remember that many lives have been lost by asphyxiation from such causes, on floors considerably removed from the one on which the fire occurred.

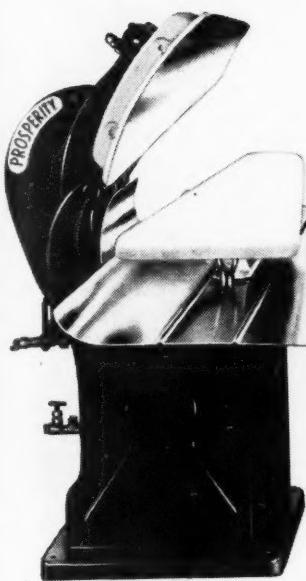
High among the causes of life and property loss from fire has been the ability of the fire to spread through concealed spaces in the structure, such as within partitions and walls, underneath or within floors, and above hung ceilings. It should be a basic principle of design that all concealed spaces between studs and joists, behind paneling and wainscoting, at eaves, above hung ceilings, and beneath floor finishes should be effectively firestopped with suitable material.

## EXIT FACILITIES

Insufficient or inadequately protected exitways are the chief cause of loss of life in institutional fires. The fundamental law of proper exitway design is that at least two safe and separate means of egress should always be conveniently available to every occupant of the building. Additional exits must be supplied if the persons accommodated per exit exceed a certain number, which is related to the occupancy and relative fire danger.

These exitways should be in enclosures of adequate fire resistance,

# Completely Machine Finishes All Standard Nurses' Uniforms



Complete unit occupies only  $6\frac{1}{2}$  sq. ft. of floor space.

## PROSPERITY *One-Girl* NURSES' UNIFORM UNIT



DESIGNED especially for the popular belted-type of uniform, this one-girl, two-press unit will turn out a higher volume of smartly pressed work . . . completely machine-finishing the great bulk of both belted and unbelted types. Only a small amount of hand touch-up is required on the occasional uniform with intricate style details.

### ALL THESE FEATURES

- MODEL 451 PC press has tapered buck which fits into gathered waists of belted uniforms. Buck is of correct curvature for completely finishing full skirts.
- This PC buck is long enough to finish cuffs and skirt at the same time.
- MODEL 316 PO press buck is specially shaped to finish sleeves from cuff to shoulder.
- This PO press shapes and finishes shoulders smartly . . . and finishes waists from belt up.

© 1947 The Prosperity Company, Inc.

## THE PROSPERITY COMPANY, Inc.

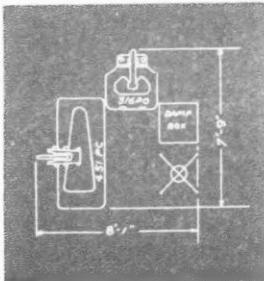
AUTOMATIC PRECISION PRODUCTION TOOLS FOR LAUNDRY AND DRY CLEANING PLANTS.

Trade mark PROSPERITY  
Reg. U.S. Pat. Off.

Main Office and Factory, Syracuse 1, N. Y.  
Sales, Service and Parts in All Principal Cities



Direct Sales Made by  
WORLD OWNED SUBSIDIARY  
THE PROSPERITY COMPANY, Inc.  
(a Division of Dresser Corporation)



The Prosperity Company, Inc.  
2224 Erie Blvd., East, Syracuse 1, N. Y.

- Please send me complete details on your one-girl Nurses' Uniform Unit.

- Have your Representative call.

Hospital.....

Address.....

CITY..... ZONE..... STATE.....

My name.....

## LOCATION OF VARIOUS TYPES OF FIRE EXTINGUISHERS

Type of Occupancy	Type of Extinguisher			
	Soda-Acid	Loaded Stream	Foam	Carbon Dioxide
Wards -----	x	x	x	
Halls and corridors-----	x	x	x	x
Kitchens -----	x	x	x	x
Laboratories -----	x	x	x	x
X-ray laboratory-----	x	x		
X-ray film storage-----	x	x		
Operating rooms -----	x	x	x	
Pharmacy -----		x	x	x
Combustible anesthetic storage -----	x	x	x	x
Misc. storage -----	x	x	x	
Elec. equipment-----			x	x

equipped with self-closing doors, kept free from obstructions, properly lighted, suitably marked as an exit and with directional signs. They should lead continuously to a street or other place of refuge and should be of adequate size for transfer of bed and stretcher patients.

Exits may be of the following types: (1) stairways; (2) horizontal exits; (3) passageways; (4) doorways providing direct exit to a street or to an exterior open space leading to a street, or (5) ramps. It is suggested that the exits be located as remotely from each other as possible and be so arranged that there are no pockets or dead ends of appreciable size in which occupants can be trapped. A good rule to follow is that the maximum distance from the door of any room to the nearest exit should not exceed 100 feet.

The horizontal exit is considered particularly useful in institutional buildings such as hospitals because of the facility with which beds can be transferred from one section to another. Such an exit simply consists of a protected opening through or around a fire wall or a fire partition. It may also be a bridge connecting two buildings.

In case of an emergency, patients can readily be transferred through the horizontal exit to the safe side of the fire wall. Thus, a much longer period of time can be used in evacuating the patients if this action is considered necessary. It should be remembered that if all the effectiveness of the horizontal exit is to be utilized, it is necessary that sufficient clear space be provided on each side of the exit to hold all the occupants of the areas on both sides.

It is of utmost importance that the line of travel from the exit stairway or other exit facility to the exterior should be as protected as possible. It is of little help to reach a stairway, in case of fire, and to find that it is impossible to proceed to safety because the stair terminates in an unprotected and exposed corridor, lobby or other area. The most desirable arrangement occurs when the stair is located to discharge directly to an exterior open space, but it is possible to provide a safe corridor or passageway from the stairs to the exterior if necessary.

### FIRE EXTINGUISHMENT

The installation of fire extinguishing equipment should be considered in the design of all new hospitals. Recommendations for the installation of fire alarm systems and fire extinguishing equipment are covered by several nationally accepted standards, including those of the National Board of Fire Underwriters and the National Fire Protection Association.

The choice of equipment and facilities required in the hospital building will depend, to some extent, on the type of fire protection available from the city. The type of construction, nature of occupancy, and exposure from other structures are also vital factors in determining the degree of protection required. Elevated tanks or fire pumps may be necessary if the city water supply is inadequate.

Certain elements, however, should always be provided in hospitals to aid in the control of a fire in its incipient stage. A coil of small water hose of the garden type is useful in most instances, if it is conveniently located, because this size can readily be han-

dled by the hospital personnel. Portable chemical extinguishers are also most helpful for emergency use during the early stages of every fire.

It should be remembered, however, that the extinguisher available must be suitable for use on the particular kind of fire involved. For instance, if a fire occurred in the electrical machinery in the elevator equipment room, only a carbon dioxide or a carbon tetrachloride type of extinguisher would be effective. Similarly, grease, oil or gasoline fires can be fought only with certain other types of extinguishers.

It is usually possible to locate and arrange the proper fire extinguishers throughout a hospital so that one is available within approximately 50 feet of any point. It may be advisable, in certain instances, to provide additional units for use in the extremely hazardous locations, such as kitchens, laundries, workshop, operating suites, and laboratories. The accompanying table will serve as a guide in the location of the proper type of extinguisher for the various hospital occupancies.

### FIRE ALARM SYSTEMS

Finally, careful consideration must be given to the fire alarm system. This is one of the most important elements in fire safety. Adequate means of sounding an alarm in case of fire should be provided in every hospital. The hospital alarm system may be one of the several types selected with due consideration for the size and character of the institution, training of personnel, construction and layout of the buildings, and location with respect to public fire fighting facilities.

A municipal fire alarm box should be located conveniently adjacent to the main entrance of every hospital building for prompt notification of the organized fire department if the internal alarm system does not make provision for such an action. Local authorities should be consulted in the selection of proper alarm equipment.

Several national agencies have been outstanding in their work relating to fire safety. Many useful suggestions can be obtained from the recommendations of the National Board of Fire Underwriters, 85 John Street, New York City; the National Fire Protection Association, 60 Batterymarch Street, Boston; the National Bureau of Standards, Washington, D.C., and the President's Conference on Fire Prevention, Federal Works Building, Washington 25, D.C.

nel. Portable extinguishers are also used during fire. However, one must be of a certain kind. If a fire starts in machinery in a hospital, only a carbon tetrachloride extinguisher would be effective. It is not or gasoline, which is used with certain types of fires.

Portable extinguishers are also used during fire. One must be of a certain kind. If a fire starts in machinery in a hospital, only a carbon tetrachloride extinguisher would be effective. It is not or gasoline, which is used with certain types of fires.

on must be present. This includes elements such as fire alarms of fire departments, fire hospital. It must be one of the first things due to the fact that charing of the floor is out of respect for the patient.

should be present to the building. The original internal division of priorities is of

been going to stations endangers. Fire New York Fire Protection Association Marchau of the Pre-reading,



## • • • • STEPPING UP YOUR OVERHEAD

**I**T GOES ON ALL DAY — the step, step, step of staff, patients and visitors — every footfall grinding away at your floors. Small wonder floor maintenance takes the lion's share of the housekeeping budget . . . and becomes the number one target of economy drives.

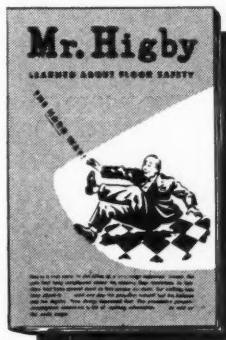
Yet most hospitals spend 75% of their floor dollars for payroll time; only 25% for purchases. So "Economy buying" saves little; gets you inferior materials that cost more to work with.

Many leading hospitals cut floor costs from 32% to 82% when Legge technicians show them how to save where it counts . . . on labor . . . and get better-

looking floors, too. How the Legge System can give you a labor-saving plan is told in our free booklet, "Mr. Higby Learned About Floor Safety the Hard Way."

It tells how Legge specialists tailor a scientific program to your flooring, traffic conditions and housekeeping facilities . . . teach your staff time-saving methods. How this "personal engineering" gives you lustrous, prestige-boosting floors that are recommended for Non-Slip safety by leading casualty insurance companies.

To get this worthwhile book without obligation, clip the coupon to your letterhead and mail.



If you're visiting the Tri-State Hospital Assembly, we'll have trained men on hand to help you with your floor problems. Look us up in the Convention Directory, or ask at the desk.

**LEGGE SYSTEM**  
OF NON-SLIP FLOOR MAINTENANCE

**WALTER G. LEGGE COMPANY, INC.**

New York • Boston • St. Louis • Chicago • Houston • Seattle • Cleveland  
Los Angeles • Washington, D. C. • Denver • Rochester • Pittsburgh • Detroit

WALTER G. LEGGE CO., INC.  
11 West 42nd St., New York 18, N. Y.  
360 N. Michigan Ave., Chicago 1, Ill.

Gentlemen:

Please send me your free book, "Mr. Higby Learned About Floor Safety the Hard Way."

Signed \_\_\_\_\_

Title \_\_\_\_\_

Type of Floor \_\_\_\_\_

Area \_\_\_\_\_ sq. ft. M17

# NEWS DIGEST

**Western Hospitals Study Rising Costs . . . Hospitals Warned Against Contaminated Solutions . . . Mid-West Group Hears Kay Kyser . . . Ohio Meeting Draws 700 . . . Margarine Repeal Near**

## **Costs, Public Relations Headlined at Western Hospital Meeting**

LOS ANGELES.—Rising costs were constantly in the minds of the 1500 hospital executives who gathered here April 19 to 22 for the eighteenth annual convention of the Association of Western Hospitals. Cost problems had a leading place on the convention program and were the subject of countless corridor caucuses throughout the meeting.

George Wood, superintendent of Peralta Hospital, Oakland, Calif., was named president-elect of the association as A. A. Aita of Upland took over the presidency from Horace Turner of Spokane.

Costs and cost control were featured at a general assembly meeting April 20, with representatives of labor, hospital administration, and the construction industry each contributing to the discussion. Almon E. Roth, president of the San Francisco Employers' Council, spoke on hospital costs from the labor union point of view. It is accepted practice among union leaders, Mr. Roth said, to take the highest existing standards of wages and working conditions in any field of employment as an objective and work toward making these standards uniform throughout the field.

The trend toward establishment of pension plans in industry, for example, will soon become a routine point in collective bargaining, Mr. Roth said. This will have a measurable effect on labor relations in the hospital field, he predicted.

Speaking on construction costs, John Rex, Los Angeles architect, said that some of the major items in hospital construction costs were tragically unnecessary. He mentioned such practices as featherbedding among the building

trade unions, obsolete building codes, and unnecessarily complicated design as factors that add thousands of dollars to the cost of building a hospital.

Some of these unnecessary costs, Mr. Rex acknowledged, are not controllable by hospital people. Nevertheless, he urged hospitals to take advantage of every possible means of reducing building costs. This can be accomplished, he said, by following the industrial prac-



**Western Officers:**  
George Wood, Horace Turner and  
A. A. Aita

tice of programming construction projects in detail so that the architect and contractor always have a written statement setting forth in precise terms the objectives of the building plan. Mr. Rex

(Continued on Page 172.)

## **House Votes to Repeal U.S. Taxes on Margarine**

WASHINGTON, D.C. — The House voted April 28 to repeal the special federal taxes on oleomargarine in effect since 1886, sending the legislation to the Senate. The vote was 260 to 106.

If enacted, the Rivers Bill would repeal immediately the federal taxes of 10 cents a pound now levied on margarine colored yellow and  $\frac{1}{4}$  cent a pound on uncolored margarine. It would also repeal on July 1 the occupational taxes on manufacturers, wholesalers and retailers of the product.

## **Cutter Warns Hospitals Against Contaminated Glucose**

BERKELEY, CALIF.—Discovery of contaminated glucose solution released by Cutter Laboratories here caused company officials to advise hospitals against use of any products from Cutter's intravenous solutions department "until this entire contamination difficulty is solved."

In addition to glucose solution, Cutter products whose use was labeled "questionable" pending further developments are: concentrated dextrose, distilled water, sodium citrate, normal saline solutions in 50 and 100 cc. bottles, and all flasks supplied by Cutter for community blood and plasma banks.

An initial supply of contaminated glucose solution was discovered in the South last month when reports were made of severe reactions following glucose injections. Company officials, Food and Drug Administration inspectors and public health authorities had rounded up all but a scattered few of 391 cases of the solution with the same code label (CM-8164) as the contaminated bottles.

Then contamination was found in another, entirely different solution (dextrose 10 per cent in Ringer's), and the company's statement warning hospitals and doctors to shun all Cutter solutions was issued. "The reason for this contamination is still unknown," Dr. R. K. Cutter, president of the company, said in a wire to *The MODERN HOSPITAL*. "Until we have the positive answer, Cutter feels this is the only step that can be taken in the interest of public safety. In the meantime arrangements are being made to supply hospitals with solutions of other manufacturers."

**STRIPS STAINS FROM SURGICAL INSTRUMENTS. WITHOUT SOAP**

*No Scrubbing*

# COAGUSOL

TRADE MARK

## LET CHEMICAL FINGERS WORK FOR YOU!

Coagusol's penetrating action, like probing chemical "fingers," searches out every particle of dried blood, fat and tissue in the finest serration, the closest locks and grooves. After being lifted from COAGUSOL solution and rinsed in clean hot water (in the case of intravenous apparatus, freshly distilled water), the instruments are immediately ready for the sterilizer. Instrument cleaning is reduced to quick routine, easily handled by assistants. Results are SURE, eliminating the need for time-consuming inspections.

Coagusol cleans chemically, thoroughly and swiftly—it is EXTRA effective because two patented ingredients, ideally suited to surgical cleansing, possess high detergent properties and cleansing action. This NEW detergent frees the most soiled operative equipment of foreign matter—all may be successfully cleaned economically and without effort.

Recommended for surgical equipment of practically any kind—rubber, glass and metal—HYPO SYRINGES and NEEDLES—BLOOD TRANSFUSION EQUIPMENT—I. V. EQUIPMENT—OXYGEN MASKS—ETHER MASKS, FLASKS, TEST TUBES—DRAINAGE TUBES.



**FAITH IN OUR  
PRODUCT PROMPTS  
THIS UNUSUAL  
INTRODUCTORY OFFER**

WE WILL GLADLY MAIL YOU ENOUGH COAGUSOL TO MAKE 6 GALLONS OF SOLUTION, FREE. We believe you will find it INVALUABLE in saving your nursing staff many unnecessary HOURS of scrubbing with brushes and soap. Take advantage of this unusual offer and see for yourself Coagusol's amazing action. We will also mail you our circular giving the complete story. Write today to:

**HOSPITAL LIQUIDS, INC.**  
**2900 S. Michigan Ave.**  
**Chicago 16, Illinois**

**CLEAN ALL—with COAGUSOL**



DISTRIBUTED BY

**HOSPITAL LIQUIDS**  
*incorporated*

Laboratories at Chicago, U.S.A.

## Tales and Details



I've been so busy detailing hot items like our Immune Serum Globulin and Hypertussin in my last few columns, I darn near overlooked my promise awhile back to let you have that story on old maids and I.V. solutions.

What reminded me of all this was a recent article by Rademaker\* on pyrogenic reactions from intravenous solutions. Says he:

"Pyrogenic reactions from intravenous solutions remain a problem in many hospitals although the means to eliminate them entirely are well known. Immediate sterilization after proper distillation will eliminate pyrogen from solutions, provided that glass containers are similarly sterilized after cleansing and rinsing with distilled water."

If you're still making your own solutions or re-using injection equipment, Doctor Rademaker's article gives full details on all the steps necessary in trying to make certain that solutions, bottles, tubing and connections are sterile and pyrogen-free. He emphasizes, however, that there's still no assurance without adequate testing every step of the way. A much easier, more dependable method—it seems to me—is simply to count on the "old maids" at Cutter.

Fussier, crankier characters you've never seen when it comes to making safe solutions. Production bends over backward. Then the testing staff does its best to break their backs by putting solutions to the same safety tests set up for vaccines and serums—plus some more they've dreamed up just for solutions. It adds up to a tough life at the Lab—but an easier one for you and your patients. And the expendable equipment you get from Cutter now does even more to fill the requirements set down by Rademaker.

If you were expecting my old maid story to be a funny one, sorry to disappoint you. But in my book, pyrogens just "ain't funny."

*Your  
CDM*

(Cutter Detail Man)

\* Rademaker, Lee: Reactions to Intravenous Administration of Solutions, J.A.M.A. 185:17:1140-1141: 12-27-47.

Cutter Laboratories • Berkeley 1, Calif.

## NEWS . . .

### Charles Newell Is President-Elect of Mid-West Hospital Association

KANSAS CITY, Mo.—"You can recruit student nurses from here to Hades and back again, but you won't keep your nursing schools filled until you correct the basic reasons they aren't full now," Kay Kyser, Hollywood orchestra leader and organizer of public interest in good health movements, declared at the twentieth annual convention of the Mid-West Hospital Association here April 14. Mr. Kyser spoke at a public meeting in the Kansas City Music Hall on the opening evening of the convention which was attended by 1500 hospital people from the midwest region.

Hospitals and health agencies must "make their product right and perfect distribution" before the public can really be sold on their services, Mr. Kyser emphasized. In an hour long talk, he urged closer cooperation among different hospitals in the same community and better integration and support of Blue Cross and Blue Shield plans. He also pleaded for hospital trustees representing all sections of community life and taking an informed, intelligent interest in hospital activities without interfering in administrative details. He emphasized the need for general hospitals to expand their services and include care of communicable and chronic diseases and mental disorders.

Charles B. Newell, business manager of the University of Kansas medical center, Kansas City, was named president-elect at the annual business meeting of the association. Regina H. Kaplan of Hot Springs National Park, Ark., took over the presidency from Lawrence C. Austin of the Veterans Administration Hospital at Wichita.

Other officers named by the association were: first vice president, Harry J. Mohler, St. Louis; second vice president, Roy R. Anderson, Fort Collins, Colo.; treasurer, R. L. Loy, Oklahoma City, Okla.; trustees, Arkansas, John Rowland, Little Rock; Colorado, Helen K. Pixley, Pueblo; Kansas, Sister Rose Irene, Sabetha; Missouri, David Littauer, M.D., Kansas City; Nebraska, E. C. McDale, D.D., Lincoln; Oklahoma, Carey Fuqua, Lawton; Wyoming, R. H. Kanable, M.D., Basin.

Hospitals should work with vocational training groups in secondary schools to develop training programs for practical nurses, nurse's aides and

other technical personnel for hospital duties, Graham Davis, president of the American Hospital Association, told the convention. Such movements are needed to staff hospital floors, Mr. Davis said, and in addition they offer great possibilities for developing strong public relations in the community.

Edgerton Hart, executive director of the Hospital Industries Association, predicted that prices of most materials used by hospitals will not rise any higher than they are now. Instead, he indicated, prices will remain fairly well stabilized for some time and will not decline markedly in the near future.

The delivery situation has improved greatly in the last year, Mr. Hart said. Delivery on most orders is now made within thirty to sixty days, whereas four to eight months was typical not long ago. He urged hospitals to plan pur-

(Continued on Page 178.)

### Toronto Holds Institute

TORONTO, ONT.—The first institute for hospital administrators of Toronto was conducted at the University of Western Ontario Medical Center at London, Ont., during the week of April 12. The institute was sponsored by the Ontario Hospital Association in cooperation with the American College of Hospital Administrators for the purpose of bringing administrators up to



Students at Toronto Institute.

date on modern hospital methods and especially to promote better understanding of public needs and how they can be met by hospitals.

Among the lecturers who addressed the institute were Graham Davis, president of the American Hospital Association; Dr. Malcolm T. MacEachern, director of the American College of Surgeons, and Dr. Frank Bradley, past president of the American College of Hospital Administrators.

SEAM  
produ  
home  
—for  
who n  
Everet

hospital  
of the  
told the  
re need-  
er. Davis  
er great  
ng pub-

ector of  
on, pre-  
als used  
higher  
the indi-  
well sta-  
not de-

improved  
art said.  
w made  
as four  
ot long  
an pur-

institute  
Toronto  
ity of  
nter at  
eek of  
sponsored  
tion in  
College  
ne pur-  
up to



ls and  
stand-  
ey can

ressed  
pres-  
ssocia-  
n, di-  
f Sur-  
pres-  
Hos-

PITAL

SR 42 TWIN-GRIP NIPPLE  
Flat top like Mother Nature. Two grips—easy to use.

SR 44 DUCKY NIPPLE  
Vent prevents collapsing. Comfortable feeding angle.

SR 1180 HOSPITAL STANDARD  
Purest virgin latex. Skirted for easy use. Three holes.

SR 1168 HOSPITAL PETITE  
Scientifically designed for feeding premature babies.

SR 43 SEAL-TITE BOTTLE CAP  
Pure gum rubber. Twin grips—easy to attach or remove.

LIFT THE CAP—FEED THE BABY

SR 50 EVEREADY NURSER  
Flat top nipple like Mother Nature. Always in feeding position. No fumbling. Air vent to prevent collapsing . . . Easily assembled after sterilization. Hand never touches nipple.

SEAMLESS  
Complete  
BABY FEEDING LINE

NURSER AND NIPPLES FOR EVERY NEED

SEAMLESS provides these scientifically designed products to meet all baby feeding needs . . . For home use—for hospitals—for the premature infant—for the infant who nurses weakly—for the baby who nurses normally . . . The new SEAMLESS Eveready Nurser is in a class by itself—unexcelled

for cleanliness and convenience, at home or away. . . . Designed, tested and perfected under medical guidance, these professionally-approved products meet your customer's exacting requirements for sanitary protection and trouble-free feeding.

FINEST QUALITY SINCE 1877

REG.  
U.S.  
PAT.  
OFF.

Vol. 70, No. 5, May 1948

133



## Quick Cure for Hospital Door Pains

### ... STANLEY MAGIC DOORS!

As corridor, ambulance, nursery, delivery room, and operating room doors, cafeteria entrances as well as main entrance doors, greater convenience and efficiency is added through the use of Stanley Door Controls.

Operated by a photo-electric "eye", Magic Doors open automatically on approach, stay open till the passage is clear, then close quickly and silently.

Think what a help that is to patients

in wheelchairs or on crutches — to hospital personnel carrying instruments or trays — to stretcher bearers. Think how it can speed up your whole hospital routine.

Stanley Magic Doors have been proved by years of trouble-free operation in leading hospitals all over the country. If you have not already done so, it will pay you to get full information on Stanley Magic Doors now. Mail this coupon today.

# STANLEY

Reg. U.S. Pat. Off.

## DOOR CONTROLS — The Magic Door —

HARDWARE · HAND TOOLS · ELECTRIC TOOLS

The Stanley Works, Door Control Division, New Britain, Conn.

Please send full information on Stanley Magic Doors for hospital use.

Name \_\_\_\_\_

Hospital \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Check if you would  
like a representative  
to call.

## NEWS . . .

### Alabama Meeting Emphasizes Program of Hospital Building

BIRMINGHAM, ALA.—Major emphasis at the annual meeting of the Alabama Hospital Association here last month was on hospital construction and especially on the importance of having a well planned program of departmental needs before construction is undertaken. Speakers on hospital construction and planning included Charles H. McCauley, Birmingham architect; Dr. D. G. Gill, Alabama state health officer; H. F. Singleton, state hospital ad-



New Alabama Officers

ministrator, and Dr. David B. Wilson from the Division of Hospital Facilities, United States Public Health Service.

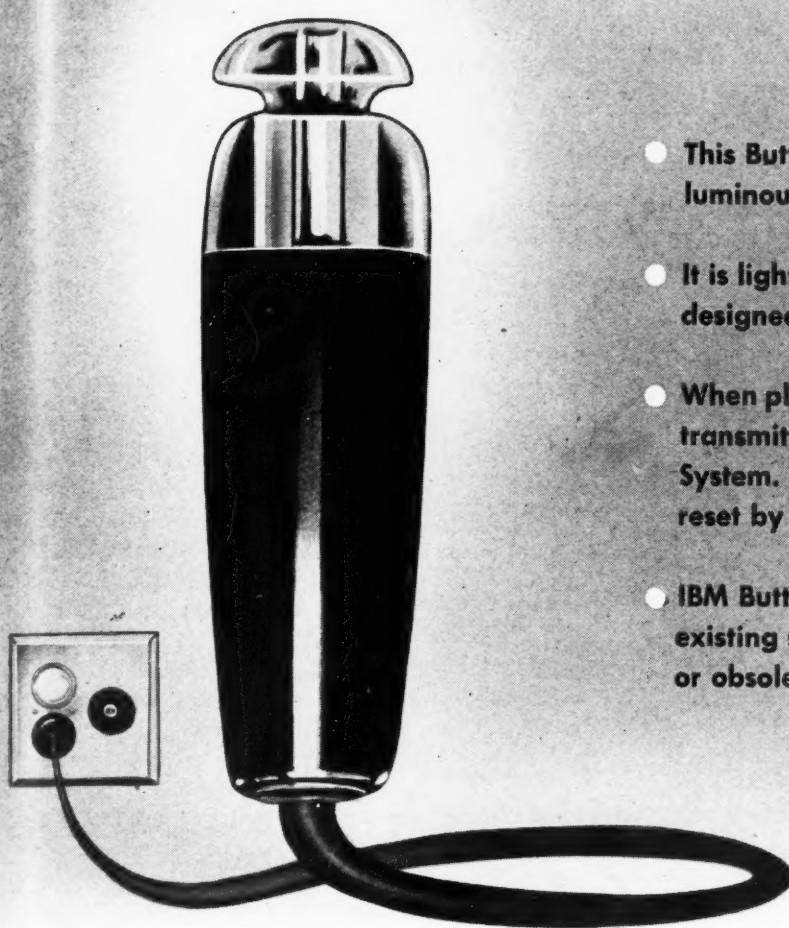
R. C. Barnes, administrator of the Eliza Coffee Memorial Hospital, Florence, was named president-elect of the association, and Harry W. Smith, Sylacauga Hospital, became president. In a talk on hospital finances, Albert V. Whitehall, director of the Washington Service Bureau of the American Hospital Association, told the Alabama meeting that the burden of hospital charity must be more widely shared.

City, county and state governments must shoulder more of the responsibility for providing hospital care of the sick poor, Mr. Whitehall declared. "Federal aid on this aspect of the problem will not be forthcoming at this session of Congress," Mr. Whitehall predicted, "but the obligation of government for care of the indigent can and must be met by the states."

In addition to the president and president-elect, other officers named by the association were: vice president, E. B. Cavaleri, Crippled Children's Clinic, Birmingham; treasurer, D. O. McCluskey, Druid City Hospital, Tuscaloosa; secretary, C. L. Sibley, Baptist Hospital, Birmingham.

Association trustees are: Bethena Hilsman, Citizens' Hospital, Talladega; Dr. C. N. Carraway, Carraway Methodist Hospital, Birmingham.

# the **IBM** Nurses' Call Button



- This Button has a clear crystal top with luminous material which glows in the dark.
- It is light, well-balanced, and attractively designed.
- When plunger is pressed, signals are transmitted throughout the Nurses' Call System. Button remains locked until reset by nurse.
- IBM Buttons also may be installed in existing systems as replacements for worn or obsolete call buttons.

The Button is only one of the units of the IBM Nurses' Call System, which was developed to include the most advanced features of signal system engineering. This System provides an efficient, practical calling system for any size hospital. Wall Stations, Annunciators, Pilot Lights, all have been designed to give best possible service.

Other signaling equipment developed by IBM for

more efficient hospital communication includes the Doctors' Staff Registering System, the Doctors' Paging System, and the Nurse-to-patient Communicating System. An installation of these Systems, integrated with the Nurses' Call System, will provide efficient communicating and signaling facilities for any hospital. Write or call for a booklet on IBM hospital equipment.

## IBM

### HOSPITAL SIGNALING AND COMMUNICATING SYSTEMS

Time Recorders and Electric Time Systems • Proof Machines  
Electric Punched Card Accounting Machines  
Service Bureau Facilities • Electric Typewriters



International Business Machines Corporation, World Headquarters Building, 590 Madison Avenue, New York 22, N. Y.

## NEWS . . .

### Federal Planning Programs Interest Southerners; Dietitians Organize

BILOXI, Miss.—Some 535 persons attended the annual assembly of the Southeastern Hospital Conference here April 22 to 24. Last September's hurricane had damaged the headquarters hotel so that there was no large ballroom to accommodate general sessions and the exhibits; these were held at a nearby club, and there was capacity attendance at each.

Nurse anesthetists, medical record librarians and pharmacists held concurrent meetings, and on the last day of the assembly dietitians from Louisiana and Alabama organized the Southeastern Conference of Dietitians and formulated tentative plans to be submitted to the executive boards of the dietetic associations in the six southeastern states. Elva J. Kahrs of Touro Infir-



New Southeastern Officers

mary and Nadine Worthy of Foundation Hospital, both in New Orleans, were named temporary chairman and secretary, respectively.

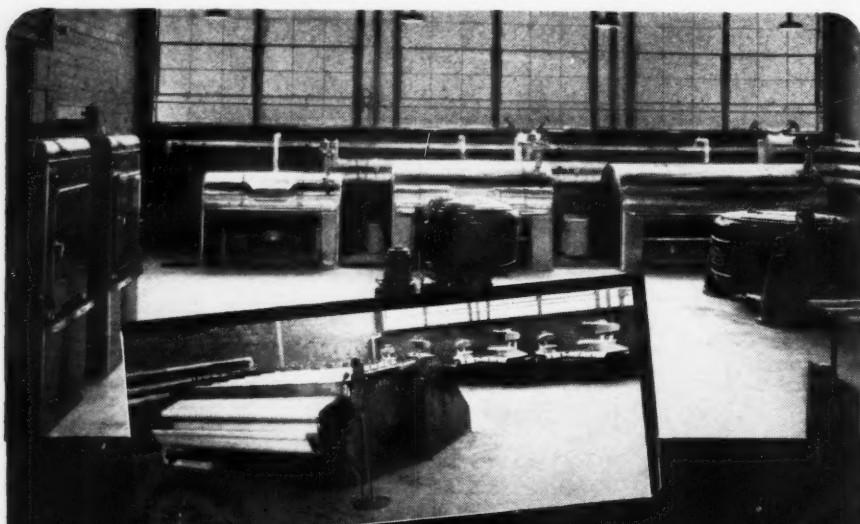
A hospital planning group from fourteen southern states met for two days preceding the Southeastern Hospital Conference. It was A.H.A. sponsored. Based on one year's experience with P.L. 725, the ensuing hospital conference passed thirty-five resolutions relating either to revisions of present administrative policies in connection with the law or to the formulation of new policies and procedures.

The consensus was that many state associations are in no position to criticize the work of the state agencies in the allotment of federal funds and in the formation of regulative policies, since they have not been active in furthering the work. It is necessary for the state associations to assist the state agencies in reviewing requests for federal money for hospital construction, it was pointed out, since many of these projects may be either unnecessary or impractical to operate.

A state that promotes good roads for business, farming and pleasure is also providing highways to good health, it was pointed out, since with good roads and ambulance service patients can be transferred to larger hospitals where facilities are adequate and personnel is especially trained. Time, not miles, is the factor in receiving proper medical care, it was asserted.

B. Tol Terrell, administrator of Harris Memorial Methodist Hospital, Fort Worth, Tex., reviewed reimbursable cost contracts with various federal agencies for the last six years. He urged hospitals to adopt the A.H.A.'s uniform accounting system and to study the latest cost formula recommended by agencies of the federal government, which is primarily based on the hospital's own accounting procedures.

The hospital administrator is responsible for human relationships in his organization, Ann Saunders, A.H.A. personnel specialist, told the assembly. He sets the example and teaches department heads, staff members, and trustees



### Troy COMPLETE LINE insures dependable service



Electromatic Washer



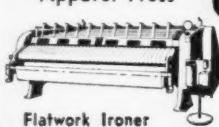
Atlas Extractor



Open-End Tumbler



Apparel Press



Flatwork Ironer

#### For Large and Small Hospitals

For years, Troy laundry equipment has been preferred by a large majority of the nation's hospitals. Each phase of laundry operation — washing, extracting, ironing, drying and pressing — is accomplished in less time, with less labor, and at lower cost. Simplicity of operation, trouble-free maintenance and flawless performance are advantages long associated with Troy laundry machinery. Illustrated catalogs and prices of machines furnished on request.

#### PHOTO PLAN SERVICE

Troy "Photo-Plan" service eliminates guesswork in laundry arrangements. Scale models are set up on your own floor plan and then photographed. A complimentary TROY service. Write for details.

## TROY LAUNDRY MACHINERY

Division of AMERICAN MACHINE AND METALS, INC.  
EAST MOLINE, ILLINOIS

In Canada: American Machine and Metals (Canada) Ltd.  
215 St. James Street West, Montreal 1, P.Q.



Found-  
Orleans,  
man and

from four-  
two days  
Hospital  
sponsored.  
ence with  
l confer-  
ns relat-  
t adminis-  
with the  
ew poli-

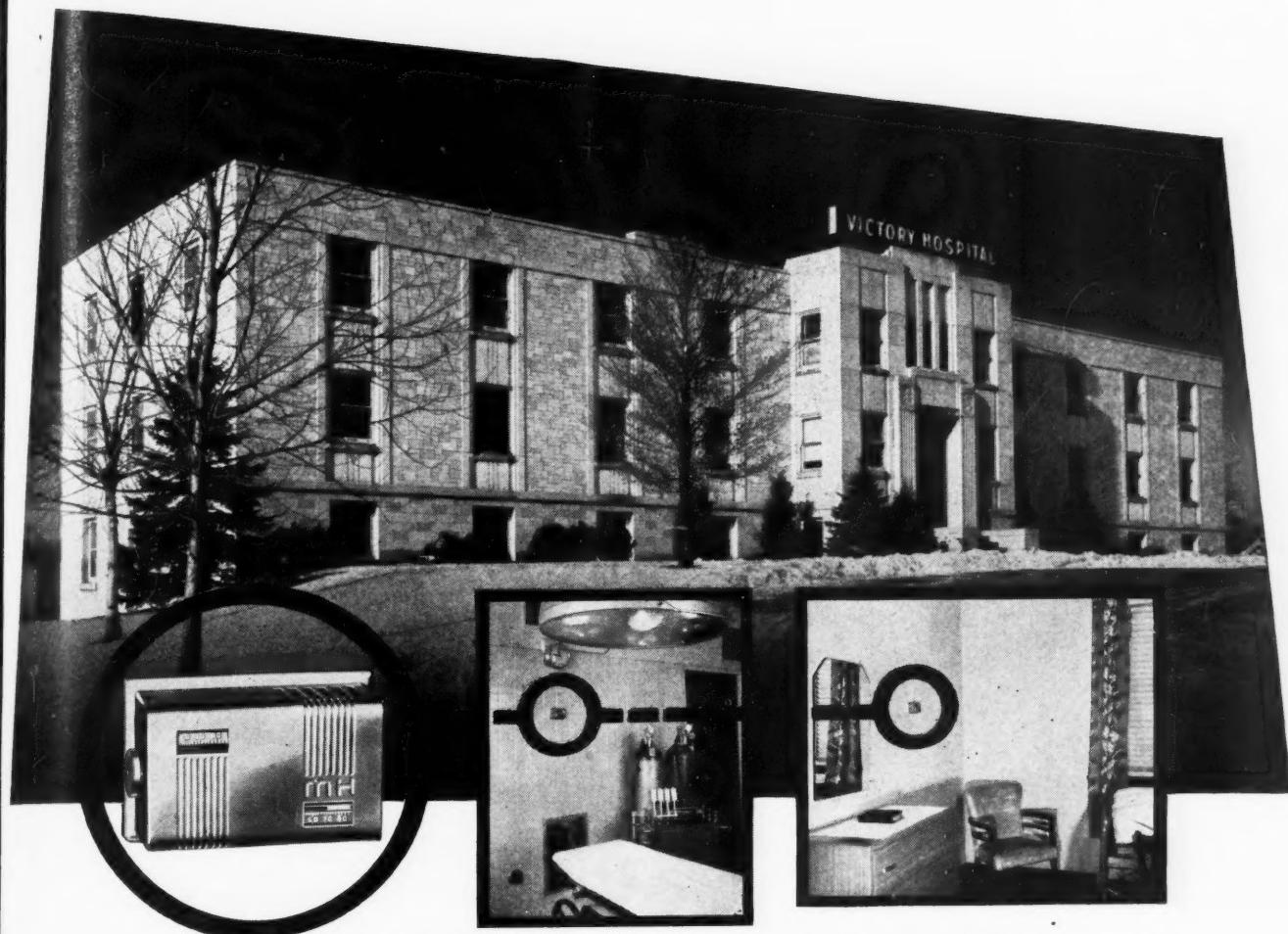
ny state  
to criti-  
ncies in  
and in  
olicies,  
in fur-  
for the  
te agen-  
federal  
, it was  
se proj-  
or im-

ads for  
is also  
alth, it  
d roads  
can be  
here fa-  
nnel is  
iles, is  
medical

f Har-  
l, Fort  
le cost  
gencies  
hospit-  
rm ac-  
the latest  
gencies  
is pri-  
wn ac-

espon-  
is or-  
.. per-  
y. He  
epart-  
ustees

PITAL



Victory Hospital • Minneapolis, Minnesota • Dr. S. Samuelson, Superintendent and President

## INDIVIDUAL TEMPERATURE CONTROL... *In Every Room*

THE temperature in every room at Victory Hospital is maintained, independently of all others, at whatever level is selected. Such automatic control, provided by a Honeywell thermostat in each room, eliminates dangerous temperature fluctuations and affords different temperatures for different rooms, as required. In addition, the special needs of surgery, nurseries, examination and treatment rooms can be met quickly and accurately. The rugged, easy-to-adjust thermostats respond promptly, and compensation is made automatically in every part of the building for all varying weather conditions. This means not only sensitive temperature control, but fuel savings that bring important

heating economies because overheating is eliminated.

In addition to individual room control, there are Honeywell automatic control systems for air conditioning and ventilating. Through control from the outside, the Weatherstat system anticipates changing heat demands resulting from varying weather conditions, and through zoning, maintains balanced temperatures throughout the building. And Honeywell's Brown instruments provide unusual accuracy and sensitivity for recording and controlling pressures, temperatures and flows. Investigate now the complete Honeywell line of both electric and pneumatic controls designed to meet the many special problems of hospitals.

MINNEAPOLIS  
**Honeywell**  
CONTROL SYSTEMS

"Guarding America's Health"

Vol. 70, No. 5, May 1948

MINNEAPOLIS-HONEYWELL REGULATOR COMPANY  
2678 Fourth Avenue South - Minneapolis 8, Minnesota

Please send my free copy of "Automatic  
Controls for the Modern Hospital"

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## NEWS . . .

to accept a human relations type of thinking. If people are skillfully handled both as individuals and as groups, they will respond by giving their best work to the hospital. The motive for developing good personnel relations is the promise of more effective, efficient and economical operation—more patient care for the greatest number of people at the lowest possible price.

D. O. McClusky Jr. of Druid City Hospital, Tuscaloosa, Ala., took issue with a policy of trade name buying

without reference to formulas; he mentioned, too, the hidden additional expense of back orders, showing the higher costs of transportation, handling and clerical work when several partial shipments are received.

The need for increased Blue Cross enrollment to offset the possibility of governmental intervention, the formation of a national Blue Cross plan to meet the increasing benefits afforded by the commercial insurance companies, and the trends in medical and surgical

plans were covered by E. H. Moore, associate manager of the Hospital Service Association of Alabama, and H. A. Schroeder, executive director of Florida Hospital Service Corporation.

Burton M. Battle, superintendent of New Orleans Women's Dispensary, assumes the chair as president for the coming year, and R. F. Whitaker, Emory University Hospital, Atlanta, was elected secretary. Jewell W. Thrasher, Frasier-Ellis Hospital, Dothan, Ala., was named president-elect. Dr. W. L. Shackelford is the retiring president.

The nurse anesthetists, at their assembly, were urged to fight the forces at work against them, not by an immediate appeal to the public through a public relations program, but through a "firm, fine organization with irrefutable standards and goals."

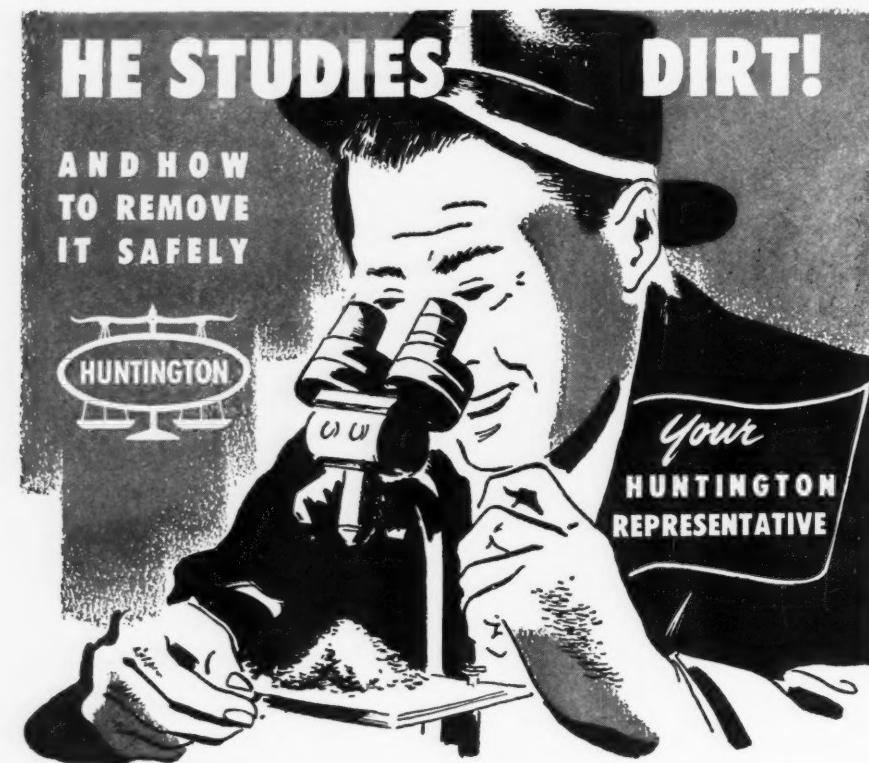
Maj. Edith Aynes, A.N.C., told the anesthetists that they must decide whether they wish to remain nurses; if so, they must consolidate with the nursing profession or ally themselves with an alternative group. They must strengthen their educational programs to get the approval of the American College of Surgeons and the National League of Nursing Education.

Said Maj. Aynes: "Many hospitals have not only a physician anesthesiologist but up to ten qualified nurse anesthetists on their staffs. That does not leave many anesthetists to be distributed to the smaller hospitals where they are still badly needed. That does not leave many to be utilized by the military government throughout the world where health standards are being taught to underprivileged peoples of less fortunate nations. That does not leave many to be held in readiness for a national emergency requiring thousands of nurses to leave their civilian posts and return to service or to concentrate on helping care for the civilian population under martial law here at home."

Approximately 1525 nurse anesthetists would be needed on mobilization day, the major declared.

The nurse anesthetists named Mrs. Boykin Davis of Frasier-Ellis Hospital, Dothan, Ala., president, and Hilda Singletary of Emory University Hospital, Atlanta, secretary-treasurer. The retiring president, Evelyn Allen of Baptist Hospital, Jackson, Miss., automatically becomes vice president.

New officers of the Southeastern Conference of Medical Record Librarians



## FLOOR-SAN®

IT'S SAFE ON ALL FLOORS

LET YOUR Huntington salesman help solve your cleaning problems. He will save you time and money. Take floors, for instance. Until Floor-San was developed, you had to keep three or four cleansers on hand all of the time... and instruct each new man on how to treat your costly floors. Now you can use just ONE cleaning compound... Floor-San. It's safe on all floors. Write Department H-5 for sample and prices today.

HUNTINGTON LABORATORIES, INC.  
HUNTINGTON • INDIANA  
TORONTO

ASK ABOUT  
OTHER FLOOR  
MAINTENANCE  
PRODUCTS



oore, as  
I Service  
H. A.  
Florida

udent of  
sary, as  
for the  
er, Em-  
ata, was  
hrasher,  
, Ala.,  
W. L.

old the  
decide  
urses; if  
he nurs-  
es with  
rengthen-  
to get  
College  
ague of

hospitals  
mesiolo-  
e anes-  
es not  
tributed  
they are  
ot leave  
y gov-  
where  
to un-  
fortunate  
many to  
ational  
nurses  
return  
helping  
under  
nesthe-  
ization

Mrs.  
ospital,  
da Sin-  
ospital,  
etiring  
t Hos-  
ly be-

n Con-  
arians  
SPITAL



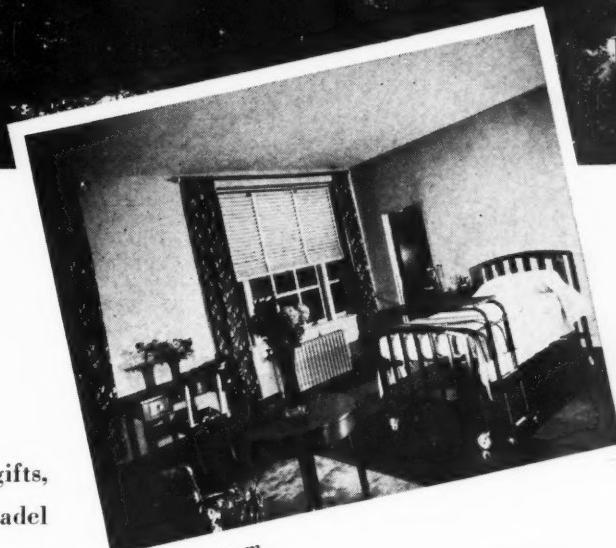
The New York Hospital-Cornell Medical Center

## 1,445 BEDS in continuous use

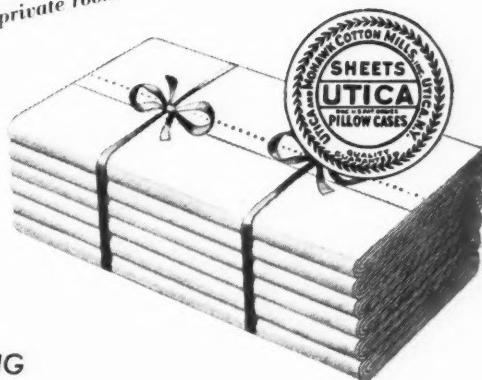
Founded in 1771 as a non-profit institution supported by gifts, The New York Hospital has grown today to an enormous citadel of healing, serving the City of New York. The year 1947 saw over 25,000 bed-patients receive the finest treatment that modern science affords. In keeping with the high standards of this institution are the UTICA sheets that are used — strong to stand the hard wear of constant changing and laundering, yet always soft and comfortable.

### UTICA SHEETS WOVEN EXTRA STRONG... TO WEAR EXTRA LONG

UTICA AND MOHAWK COTTON MILLS, INC., Utica 1, New York • Selling Agents: Taylor, Pinkham & Co., Inc.  
55 Worth Street, New York 13, N. Y. • 300 West Adams Street, Chicago 6, Ill. • 605 Market St., San Francisco 11, Cal.



A private room



## NEWS . . .

are: president, Oline L. Steadham, Mobile Infirmary, Mobile, Ala.; vice president, Mrs. Eddie V. Cooksey, Charity Hospital, New Orleans; secretary, Betty McNabb, Phoebe Putney Memorial Hospital, Albany, Ga.; treasurer, Maude Marie Holmes, Mississippi Baptist Hospital, Jackson.

The Southeastern Hospital Pharmacists Association's outstanding paper was Don E. Francke's "Organization and Planning of the Modern Hospital Pharmacy." Mr. Francke is chief phar-

macist at University of Michigan Hospital, Ann Arbor.

Officers named were: president, Mrs. Joyce Gaines, Georgia Baptist Hospital, Atlanta; president-elect, Albert P.

Lauve, Mercy Hospital, New Orleans; vice president, Joe Vance, South Highlands Infirmary, Birmingham, Ala.; secretary-treasurer, Miss Johnnie Crotwell, Druid City Hospital, Tuscaloosa, Ala.

## Public Understanding Attainable, Carolinas-Va. Group Told

ROANOKE, VA.—Full public understanding and support of hospitals are attainable goals, the 700 hospital execu-

tives who attended the annual Carolinas-Virginias hospital conference here last month were told. John Moorehead of the North Carolina Good Health Association described the methods by which that group achieved widespread public support for the state hospital and medical care plans.

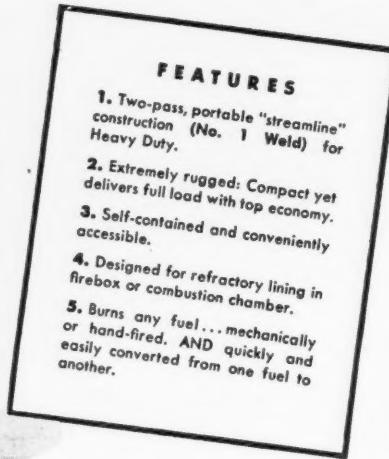
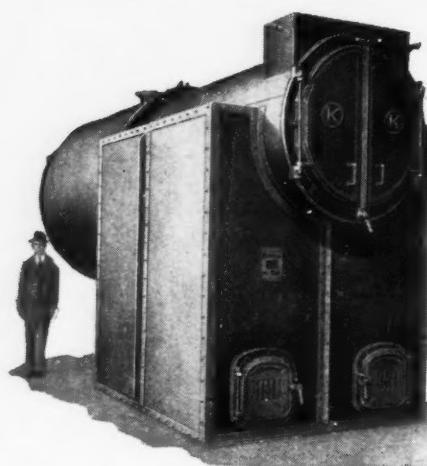
The North Carolina campaign was planned and carried through with the assistance of Kay Kyser, whose experience in the entertainment field has given him a thorough grasp of the technics of public education, Mr. Moorehead said. Through the campaign in North Carolina, a large section of the population became convinced that proper planning by professional people and adequate support by the public are two needed ingredients in public health.

An inadequate hospital is the shame of the entire community, the program taught. Mr. Moorehead said the North Carolina program also demonstrated that it is possible to create sound public knowledge of the ingredients of a good hospital and good medical care. For example, he pointed out, through the public education effort the people of North Carolina now know that a good diagnostic laboratory is essential to adequate hospital care.

Earlier, Edgar C. Hayhow of New Jersey, president of the American College of Hospital Administrators, charged that hospitals have failed to interpret their functions and aims in simple language that the public can understand. "Because people distrust what they do not understand," Dr. Hayhow declared, "complete public support of our hospitals has yet to be won."

One of the features of the Carolinas-Virginias conference was a discussion of hospital planning and construction programs. Marshall Shaffer, chief architect for the Division of Hospital Facilities, U.S. Public Health Service, explained how the hospital construction program is working out under Public Law 725. Surprisingly, he said, a great demand over the country seems to be

# KEWANEE No. 1 WELD HI-TEST BOILER



### Outstanding for Hospital Duty

Built in full conformity with ASME Code for high pressure, the Kewanee Hi-Test Boiler has won an important place among the outstanding steam generators produced by Kewanee in the past 80 years.

Modern in every way and designed for easy handling, space saving and unusual economy, Kewanee Hi-Test is built in six sizes for



50 to 150 Horse Power  
125 and 150 lbs. WP

**KEWANEE BOILER CORPORATION**

KEWANEE, ILLINOIS

Branches in 60 Cities—Eastern District Office: 40 West 40th Street, New York City 18

Division of AMERICAN RADIATOR & Standard Sanitary CORPORATION

# Protect your DOCTORS NURSES PATIENTS

from the hazards of explosive anesthetics by installing

## CROUSE-HINDS *Explosion-Proof*

**CONDULET Electrical Equipment** in your  
operating rooms

The use of explosive anesthetics has become of much concern to hospital and municipal authorities, as well as to fire and casualty insurance companies. The hazardous locations are not confined to the rooms in which the anesthetics are stored or used, but as determined by the National Fire Protection Association, may extend horizontally a distance of ten feet from the doors opening into such rooms and to a height of seven feet above the floor.

Electrical installations and equipment should conform to the requirements of Class I, Group C locations as set forth in Article 500 of the 1947 National Electrical Code (atmospheres containing ethyl ether vapors). Equipment which is approved only for Group D (atmospheres containing gasoline or similar vapors and gases) is not suitable for Group C locations.

Crouse-Hinds explosion-proof CONDULET electrical hospital equipment meets the Code requirements for both Class I, Group C and Group D locations.



\* CONDULETS are made  
only by CROUSE-HINDS

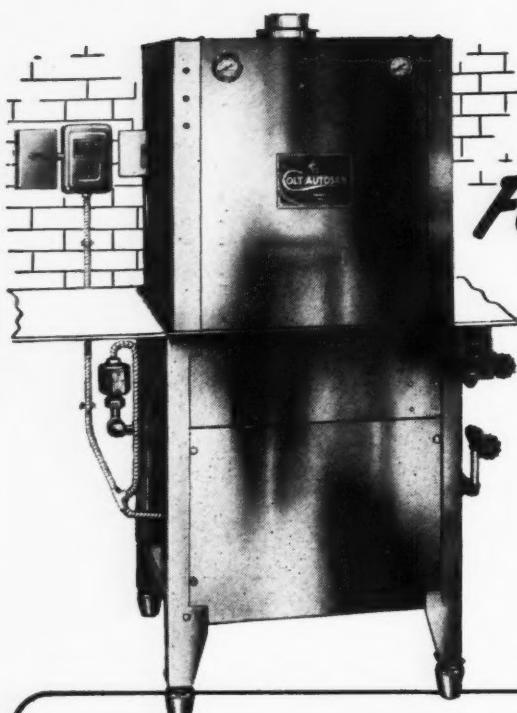
Offices: Birmingham - Boston - Buffalo - Chicago - Cincinnati - Cleveland - Dallas - Denver - Detroit - Houston - Indianapolis - Kansas City - Los Angeles - Milwaukee - Minneapolis - New York - Philadelphia - Pittsburgh - Portland, Ore. - San Francisco - Seattle - St. Louis - Washington. Resident Representatives: Albany - Atlanta - Charlotte - New Orleans - Richmond, Va.

CROUSE-HINDS COMPANY OF CANADA, LTD., Main Office and Plant: TORONTO, ONT.

**CONDULETS • TRAFFIC SIGNALS • AIRPORT LIGHTING • FLOODLIGHTS**

A  
Nationwide  
Distribution  
Through Electrical  
Wholesalers





**SET IT...  
FORGET IT!**



### **COLT AUTOSAN "R-1T" AUTOMATIC TIMER**

THE Dishwasher That Times Itself. Automatically R-1T surges 175 gallons of lively water each minute over dishes, glassware and silver with famous Cloudburst Action.

A blitz rinse follows that SANITIZES each piece, and R-1T shuts itself off—after allowing the exact, pre-determined time required for each step.

Colt-built of rugged stainless steel, this compact dishwasher works miracles where assured cleanliness and sanitation are indispensable.

Before you invest in any dishwashing equipment, get the complete Colt Autosan story—the machine that not only washes, but SANITIZES.

*Thrifty*

Time-Control saves hot water and detergent.

*Push-Button Control*

So simple that part-time or inexperienced workers can easily operate R-1T.

*Space-Miser*

Requires only 27" from table to table.

**TELL ME  
MORE!**

Colt's Manufacturing Company, 26 Van Dyke Avenue, Hartford 15, Conn.

Send me specifications on the R-1T and the booklet "Check Points for Better Dishwashing".

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

**COLT**  
**AUTOSAN**

Dishwashing and Sanitizing Machines  
There Is An Autosan To Fit Your Business



## **NEWS...**

for hospitals considerably smaller than those originally planned. Nevertheless, he thought it was possible to make these projects economical and serviceable to their communities.

Other talks on the hospital construction panel were presented by James A. Hamilton of the University of Minnesota and Dr. Herman Smith of Chicago, nationally known hospital consultants. Mr. Hamilton and Dr. Smith emphasized the importance of sound, long-term planning as essential to economical building from the community standpoint.

The West Virginia Hospital Association was the "host state" for this year's conference, which was planned by a committee headed by J. Stanley Turk, administrator of the Ohio Valley General Hospital at Wheeling, W. Va.

Among the state association officers elected during the conference was the following slate named to serve the South Carolina Association during the coming year: president, James M. Daniel, Columbia Hospital, Columbia; president-elect, W. W. Lowrance, Tuomey Hospital, Sumter; first vice president, T. B. Stevenson, Colleton County Hospital, Walterboro; second vice president, James L. Rogers, Spartanburg General Hospital, Spartanburg; third vice president, Rev. W. M. Whiteside, South Carolina Baptist Hospital, Columbia.

Secretary-treasurer, Allen D. Howland, South Carolina Hospital Service Plan, Greenville; delegate to the American Hospital Association, Rev. G. L. Smith, Aiken; alternate, Jacque B. Norman, Greenville General Hospital, Greenville.

### **Fund for Alcoholism Study**

NEW YORK.—New York Hospital has received a \$30,000 grant from the Research Council on Problems of Alcohol to study the causes and treatment of alcoholism, Joseph Hirsh, council director, announced last month. The council is an affiliate of the American Association for the Advancement of Science, it was explained. The contribution will provide treatment for patients while they are being studied. In cooperation with Cornell University Medical College, the hospital will use all the resources of medicine, psychology, sociology and related skills in its investigation of the problems of alcoholism, the announcement said.

aller than  
vertheless,  
to make  
d service.

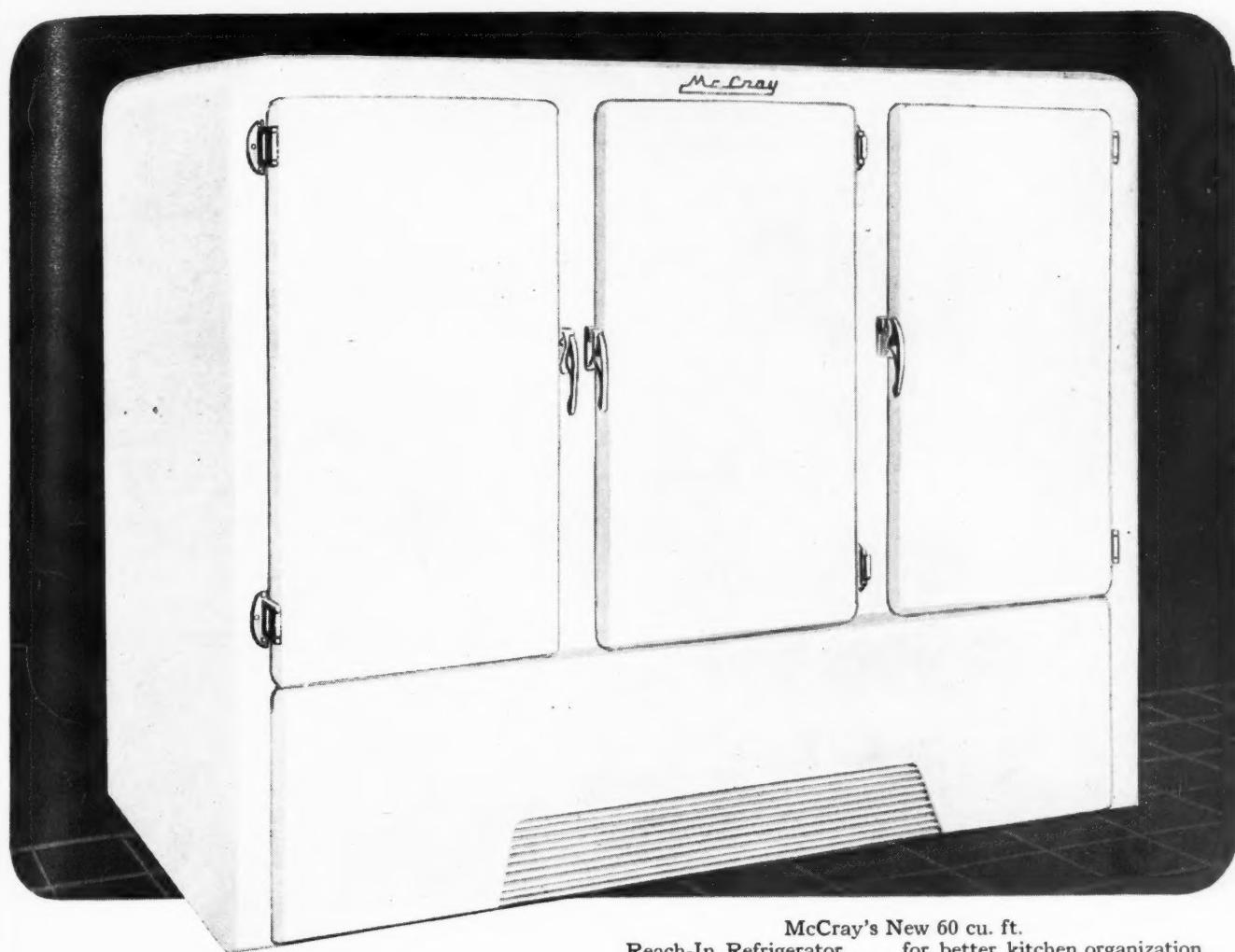
construction  
James A.  
f Minne-  
Chicago,  
nsultants.  
n empha-  
nd, long-  
conomical  
y stand-

Associations  
his year's  
ed by a  
ey Turk,  
ey Gen-  
Va.

officers  
was the  
erve the  
ring the  
M. Dan-  
nia; pres-  
Tuomey  
resident,  
City Hos-  
presi-  
tanburg  
; third  
iteside,  
al. Co-

How-  
Service  
Amer-  
G. L.  
que B.  
ospital,

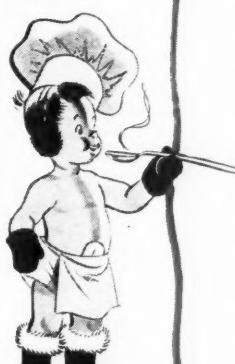
ital has  
the Re-  
Alcohol  
of al-  
direc-  
council  
ssocia-  
nce, it  
n will  
while  
eration  
l Col-  
the re-  
sociol-  
gation  
the an-



McCray's New 60 cu. ft.  
Reach-In Refrigerator . . . for better kitchen organization

## **Only McCray makes the genuine "Up-From-Under" KOLDFLO Refrigeration System**

No direct blasts . . . but an "up-from-under" continuous circulation of cold air keeps perishables at a uniform low temperature—that's the famous McCray KOLDFLO system of refrigeration you get in this Reach-In Refrigerator. Picture it in your kitchen . . . spacious, seamless, one-piece porcelain interior . . . all-steel, welded shell . . . the ultimate for efficient kitchen operation. Dealers in all principal cities. See your telephone directory . . . or write to the McCray Refrigerator Company, 866 McCray Court, Kendallville, Indiana.



*Go Modern  
with... McCray*

### **FEATURES**

**Temperature**—instant control to suit your requirements . . . maintains uniform temperature . . . "on duty" 24 hours of the day . . . is self-defrosting.

**Condensing Unit**—all McCray KOLDFLO Refrigerators have self-contained condensing units. The complete easily serviced modern refrigeration plant is built right in the base. May be pulled out on slides for inspection.

**Built for Service**—solid top-to-bottom service doors . . . full length compartments . . . smart, flush-designed hardware in satin chrome finish.



# REAL GOLD

C A L I F O R N I A

## Citrus Juice Bases

**So Economical.** Rich in vital Vitamin C, these California juice bases provide healthful, delicious drinks for your patients. And so inexpensive, too! Each 10½ oz. can of Real Gold base makes ½ gallon when properly diluted with water. Real Gold bases also come in gallon containers, which are diluted 6 to 1.

- REAL GOLD ORANGE BASE
- REAL GOLD LEMON BASE
- REAL GOLD GRAPEFRUIT BASE

Real Gold bases are the concentrated juice of fresh oranges, lemons and grapefruit. Most of the water from the freshly reamed juice is removed by Real Gold's special low temperature, vacuum-evaporation process, which protects the precious Vitamin C. The resulting concentrate is blended with just the right amounts of sugar, dextrose and pure fruit oils to enhance fully its natural goodness and flavor. It is homogenized just before canning for lasting quality and uniformity.



DOES NOT REQUIRE  
REFRIGERATION!

SOUTHERN CALIFORNIA CITRUS FOODS  
Division of Mutual Orange Distributors  
Redlands, California

## NEWS . . .

### No Need to Change Public Health Setup, Dr. Scheele Says

WASHINGTON, D.C.—There is no need for any major change in the sound and solid structure of the United States Public Health Service, Dr. Leonard A. Scheele told a press conference on the occasion of his induction as surgeon general of the service here last month. The occasion also marked the 150th anniversary of the Public Health Service, Dr. Scheele said.

In reply to a reporter's question, Dr. Scheele and Oscar R. Ewing, Federal Security Administrator, said the Public Health Service would continue to support the federal administration's plan for a national compulsory health insurance act.

Dr. Scheele also expressed the hope that Congress would make it possible for the United States to participate actively in the world health organization formed under the United Nations. He also advocated favorable action on a pending bill to create a national heart institute similar to the cancer institute operated by the Public Health Service.

### Sloan-Kettering Cancer Research Institute Opened

NEW YORK.—The fourteen-story building of the Sloan-Kettering Institute for Cancer Research was formally opened April 14. It is a unit of and adjoins Memorial Hospital for Cancer and Allied Diseases.

The building cost \$3,175,000 and is named for Alfred P. Sloan Jr., who contributed \$4,562,000 toward its construction and research program, and Charles F. Kettering, both of General Motors Corporation.

The institute's twelve floors of laboratories have been functioning since December when the first of the 185 scientists moved in. The staff is scheduled to increase to 293 in the near future.

Among the measures being tested at the institute are: attempts to find exclusive cancer foods which can be poisoned; use of atomic energy through radioisotopes to explode cancerous growths; investigations to determine the influence of sex hormones and cellular proteins on cancer development.

Ideal For Premature, Normal Babies



4-oz. Evenflo  
being used in  
maternity  
ward.

### Why Evenflo Nipples Are Easier to Nurse

1. Just as an extra hole in a juice can permits even flow, so air valves in Evenflo Nipple provide smooth nursing action.

When baby nurses, the milk flows evenly just as in breast feeding and baby finishes bottle better.

2. Volume of flow can be regulated to suit each baby's nursing effort simply by tightening or loosening the Evenflo cap.

3. Doctors say this smooth and controlled nursing action is as important as the formula itself.



### Simple and Sanitary

1. Soft, pliable Evenflo Nipple reverses like a glove for thorough cleaning.

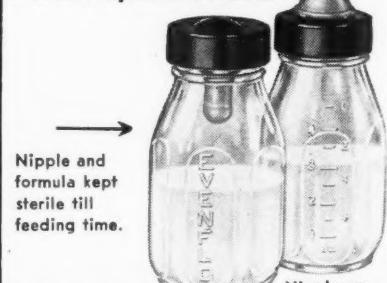
2. It's easy to change Evenflo Nipple to feeding position without contaminating the nursing tip.

3. Wide mouth Evenflo bottles are easier to wash and to fill.

Get these improved hospital nurses  
from your wholesaler. Or wire—

The Pyramid Rubber Co., Ravenna, O.

**Evenflo**  
America's  
Most Popular Nurser



Nipple and  
formula kept  
sterile till  
feeding time.

\*Patented.

Nipple up  
for feeding

Approved by Doctors and Nurses

The MODERN HOSPITAL

Babies  
Evenflo  
used in  
it



oles  
urse

ce can  
action.  
s, the  
just as  
d baby  
er.

can be  
each  
effort  
ng or  
o cap.  
y this  
con-  
ing ac-  
mport-  
formula

nd  
y  
able  
e re-  
glove  
ugh

le to  
ating

are  
ers  
-  
. o.

# Every Inch-A Leader!

And Every Inch Works For You!



## Double FLEXIBILITY to meet cooking needs

### 1 Choice of four models

No. 83-2 (shown) Garland Restaurant Range with high shelf. Two Hot Top sections, one open grate section, griddle, broiler, two ovens.

No. 82 (standard) High shelf. Six open top burners, broiler griddle, one oven.

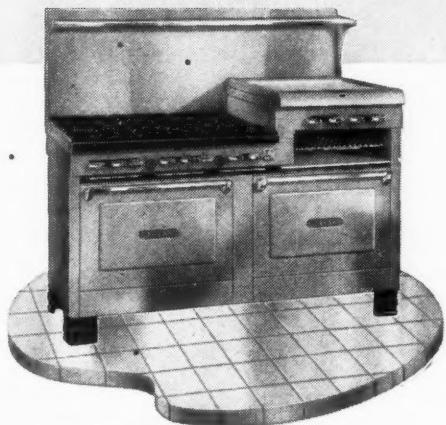
No. 84 (standard) High Shelf. Ten open top burners. Two ovens.

No. 86 (standard) High Shelf. Six open top burners. One oven.

All with oven heat controls  
and insulated ovens.

### 2 Choice of any top combination for any model

Order the arrangement of open grate, hot top and griddle sections that best fills requirements. Garland can deliver it.



Garland No. 93 in stainless steel

Always—you'll find there is a good reason why the leader is out in front! Always—you'll find the reason is—greater value! Garland leads in sales because Garland leads in value. What better evidence that your choice should be—Garland? Available for use with manufactured, natural or L-P gas. Consult your Garland Food Service Equipment Dealer. He is an expert advisor.

*Let's Eat Out! It's Fun For All The Family!*

# GARLAND\*

THE TREND IS TO GAS  
FOR ALL COMMERCIAL COOKING

Heavy Duty Ranges • Restaurant Ranges • Broilers • Deep Fat Fryers • Toasters  
Roasting Ovens • Griddles • Counter Griddles

PRODUCTS OF DETROIT-MICHIGAN STOVE CO., DETROIT 31, MICHIGAN

\*REG. U. S. PAT. OFF.

## NEWS . . .

### Blue Cross-Blue Shield Plans to Adopt Inter-Plan Bank

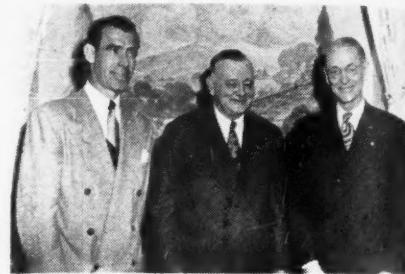
LOS ANGELES.—Blue Cross and Blue Shield plans must settle their differences and join hands to solve the financial problems of medical care for the man on the street, Kay Kyser, orchestra leader, said at a conference of Blue Cross and Blue Shield plan executives here last month. Preceding the address by Mr. Kyser, bitter criticism of plan pro-

cures by some of the plan executives and physicians attending the conference threatened to split the group into dissenting factions.

"If you have the heart and the conscience and the will to make it work," Mr. Kyser said of the Blue Cross-Blue Shield plan, "it will work. It's got to work! Bigger problems have been solved.

"What are we waiting for?" he asked. "Let's don't go home and study the problem for another year. It's already been studied and restudied. The only thing that is in the public interest is to solve this problem so that every American can get complete medical and hospital facilities at a uniform rate that he can pay. It's up to you. What are you going to do about it?"

After listening to Mr. Kyser and other speakers, the plan executives voted



McMahon, Hawley and Walker

### Growing number of Pediatricians report that **PURE HONEY Improves Weight Gains and has These Other Apparent Advantages**

- ... No tendency to be laxative
- ... Quickly absorbed, yet does not flood the blood stream with exogenous sugar
- ... Maintains blood sugar longer than sugars which contain higher levels of dextrose
- ... Increases the retention of calcium
- . Indications of antihemorrhagic vitamin effect



#### Excerpts from Clinical Investigators' Reports

"Honey may have a distinct advantage in infant feeding over those carbohydrates which have a tendency to be laxative."\*

"There is a tendency for slightly greater weight gains to occur with those infants receiving honey instead of some other forms of carbohydrates now commonly used."\*\*

"It will be noted that for all the paired periods studied, the average retention of calcium was always higher if honey had been included in the formula."\*\*\*

"In laboratory tests honey was proved to have a definite antihemorrhagic activity when incorporated in a basal ration to Vitamin K depleted subjects."\*\*\*\*

**Lake Shore Honey** was used for these tests because it is pure, pasteurized, of guaranteed full strength and uniformity. It is produced under controlled conditions to regulate flavor and consistency.

We will gladly send you a small supply of Lake Shore Honey to use, so you may observe results in your own practice.

\* "The Use of Honey as a Carbohydrate in Infant Feeding," by F. W. Schlutz, M.D., and Elizabeth M. Knott, Ph.D., Journal of Pediatrics, Vol. 13, No. 4, 465-473, October 1938.

\*\* "The Effect of Honey Upon Calcium Retentions in Infants," by E. M. Knott, Ph.D., C. F. Shukers, M.D., and F. W. Schlutz, M.D., Journal of Pediatrics, Vol. 19, No. 4, 485-494, October 1941.

\*\*\* "Antihemorrhagic Vitamin Effect of Honey," by A. E. Vivino, M. H. Haydak, L. S. Palmer and M. C. Tanquary, Proceedings of the Society for Experimental Biology and Medicine, 1943, 53, 9-11.



ASK FOR **Lake Shore**  
"HONEYCOMB JAR"  
PURE STRAINED  
• HONEY •

W. F. STRAUB & COMPANY  
5506 Northwest Highway, Chicago 30, Ill.  
Please send me a small supply of LAKE SHORE  
HONEY for use in my practice.

(Please write your name and address  
in the margin.)

to form the "inter-plan benefit bank" to equalize payments and allow more plans to participate in a complete reciprocity program.

The conferees also moved toward the formation of an association of Blue Cross and Blue Shield plans which would assist in the development of local plans and provide coverage for employees of national concerns in areas where no Blue Cross or Blue Shield plan is available.

In a talk on public responsibility for health, Dr. Paul R. Hawley, executive officer of the Blue Cross-Blue Shield commission, warned against the movement toward socialization of medicine which he described as "the first step toward nationalization of industry." Under voluntary plans, such as Blue Cross and Blue Shield, Dr. Hawley said, a feeling of social responsibility and security essential to our democratic society is fostered. Nationalization of health services would destroy these spiritual values, he said. Public responsibility for public health is a summation of each individual's personal responsibility to provide for his own and his family's health needs,

Physicians should inform themselves more fully about the benefits and procedures of Blue Cross and Blue Shield plans, Dr. O. B. Owens, president of Louisiana Physicians' Service, told the conference. "When a doctor signs a voluntary agreement to become a participating physician, he assumes an ob-

# For easier, more economical Baking—



## Pre-tested for assured results!

Light, tender, fluffy—that's the kind of biscuits you'll have every time with Pillsbury's Pre-Mix! It's precision-blended of top-quality ingredients for top-quality results... every batch is sample-tested before it leaves the mill! Your kitchen staff just adds the water—no chance for scaling errors... extra time for other work—*greater convenience* and economy! Order Pillsbury's Biscuit Mix from your Pillsbury salesman or jobber next time he calls.

### FREE "BAKERY ART" BOOKLET

New Pillsbury instruction and recipe book tells you how to vary this, and other basic mixes, to suit individual needs. Write for it—or ask your jobber or Pillsbury salesman for a copy.

\* PILLSBURY  
FULLY PREPARED  
MIXES

{ Donut • Waffle • Sweet Dough • Corn Muffin  
Biscuit • Cake • Sugarkote • Southern Corn Bread  
Universal Sweet Doh Base



Pre-Mix Division  
**PILLSBURY MILLS, INC.**  
21 West Street,  
New York 6, N. Y.

## NEWS . . .

ligation actually to participate. His first duty, then, is to inform himself fully about every detail of the organization, its purpose, the scope of its activities, the reasons for limitations and exclusions which are a necessary part of a plan and the reasons for its existence in a business economy." The conference was also addressed by representatives of industry, labor and farm groups, all of whom approved the objectives of extending prepaid health care throughout the population.

## Ohio Meeting Attracts 700 Persons; Nell Robinson Named President-Elect

COLUMBUS, OHIO.—Nell Robinson, R.N., superintendent of East Liverpool City Hospital, was named president-elect of the Ohio Hospital Association at the annual meeting here April 7. Miss Robinson will succeed Robert M. Porter, administrator of Columbus Children's Hospital. D. A. Endres, Youngstown Hospital, was the retiring president.

The 700 Ohio hospital people registered at the meeting heard nationally known speakers discuss every phase of hospital operation and current hospital problems.

In its business meetings, the association endorsed the action of the American Hospital Association favoring inclusion of hospital employes in the old-age benefit and survivors' insurance features of the Social Security Act. The association also passed a motion proposed by Guy Clark, secretary of the Cleveland Hospital Council, requesting a change in the state highway law so that hospitals would be assured of collecting full cost for care of highway accident victims unable to pay their own hospital bills.

Relations between the registered nurse staff and practical nurses, nurse's aides and other auxiliary nursing personnel were discussed by Sister Mary Alfreda, administrator of the Mount Carmel Hospital, Columbus. Sister Alfreda pointed out that there is no reason why these groups should not work together effectively and economically for the best interest of the hospital patient. Her views on this subject were supported by Everett W. Jones, vice president of The Modern Hospital Publishing Company, who discussed the whole field of personnel relations in hospitals.

The management function in the hospital, as elsewhere, can be divided into two aspects, planning and control, Mr. Jones said. In connection with the control phase of personnel management, he urged hospitals to develop adequate standards of performance covering all the principal hospital tasks. Such standards provide management with a convenient means of checking employee effectiveness, he said.

Channels of communication between employees and top management must be kept open, Mr. Jones urged. The individual worker must have the opportunity to offer suggestions and present grievances to the management, it was explained. Every worker craves recognition and will do his most effective work when this is freely given, Mr. Jones concluded.

Accurate accounting records are necessary for economical operation of the dietary department, Margaret Gilliam, dietary consultant on the American Hospital Association staff, told the conven-



### THIS EMBLEM "HALLMARKS" THE **AMCOIN PROCESS**

Since 1925, Hospital Administrators have approved the Amcoin All-Glass Interior Process.

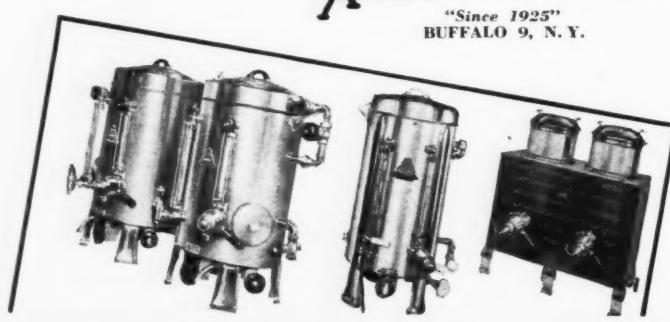
Amcoin All-Glass Interior Coffee making equipment protects flavor, insures uniform consistency, eliminates the human element and guarantees world's best coffee at lowest cost per cup.

Amcoin All-Glass Interior Juice Fountains with automatic agitation serve most refreshing, uniformly-mixed beverage. Prevents spoilage and reduces costs.

Amcoin All-Glass Interior Iced Tea Dispensers protect flavor and maintain refreshing beverage temperatures—require less ice.

Amcoin Hot Chocolate Dispensers with automatic agitation and accurately controlled temperature provide flavor-perfect hot chocolate in an instant at lower cost.

**AMCOIN CORPORATION**  
"Since 1925"  
BUFFALO 9, N.Y.



e regis-  
tionally  
phase  
t hospital

associ-  
Ameri-  
ing inclu-  
old-age  
Features  
associ-  
posed by  
eveland  
change  
hospi-  
ng full  
nt vic-  
ospital

l nurse  
s aides  
sonnel  
lfreda,  
Carmel  
lfreda  
n why  
gether  
or the  
t. Her  
ited by  
of The  
pany,  
f per-

e hos-  
d into  
, Mr.  
e con-  
nt, he  
quite  
g all  
stand-  
con-  
ve ef-

ween  
st be  
indi-  
ortu-  
esent  
was  
recog-  
ctive  
Mr.

ne-  
the  
lam,  
Hos-  
ven-

ITAL

**IT HAS AND DOES** *Everything!*

# Clarke P-17

## FLOOR MAINTENANCE MACHINE



ONLY  
**\$265**  
F.O.B. MUSKEGON

- **20% GREATER CAPACITY!**
- **50% MORE POWER!**
- **GREATER SPEED!**
- **MORE ALL-AROUND UTILITY!**

- **SCRUBS • WAXES • POLISHES**
- **STEEL WOOLS • SANDS • SHAMPOOS**

- "EASY MANEUVERABILITY IN TIGHT QUARTERS"
- SMOOTH, NOISELESS PERFORMANCE

The new Clarke P-17 Floor Maintenance Machine offers four revolutionary features . . . actually the only important improvements to be made in floor machines for 15 years. Here is speed, power and dependability at the lowest price on the market. With a  $\frac{3}{4}$  h.p. motor (instead of an ordinary  $\frac{1}{2}$  h.p.), and a full 17 inch diameter brush—it's your wise buy. Write—and complete information will be sent immediately.

**Clarke**  
SANDING MACHINE COMPANY  
525 CLAY AVENUE  
MUSKEGON, MICHIGAN

Manufactured by Clarke . . . Builders of High Quality Sanding and

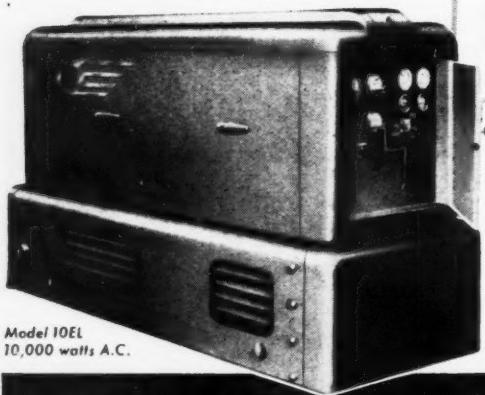


Floor Maintenance Machines for More Than a Quarter of a Century.

# EMERGENCY ELECTRICITY

## for all essential hospital services

Within seconds after power fails, Onan Standby Electric Plants take over the power load, providing electricity for all essential uses. Plants start automatically, activated by any break in electrical service, run for the duration of the emergency, stop automatically when regular power is restored. Require little maintenance between running periods. Shipped complete, ready to install and operate.



Model 10EL  
10,000 watts A.C.



ONAN Electric Plants are available in many models and sizes: A.C.—350 to 35,000 watts. D.C.—600 to 15,000 watts. Battery Chargers—500 to 6,000 watts.

D. W. ONAN & SONS INC.

3810 Royalston Ave., Minneapolis 5, Minn.

Write for folder



## ONAN STANDBY POWER

**FOR SILENT  
CORRIDORS USE**



A high quality, easily cleaned matting that gives maximum service at minimum cost.

ALSO

EZY-RUG RUBBER LINK MATTING • AMERIFLEX HARDWOOD LINK MATTING • PERFORATED CORRUGATED MATTING.

For prices and folder, "A Mat for Every Purpose," for promoting safety and sanitation, write

**AMERICAN MAT CORPORATION**

"America's Largest Matting Specialists"

1719 Adams Street

Toledo 2, Ohio

tion. Sound purchasing, receiving, storing, issuing and record keeping procedures were also named as essential in a good food service department. Daily food production schedules should be based on tested recipes with particular attention to the size of servings of all foods, Miss Gillam declared. She said dietitians should study the work load carried by all employees in the food service departments with a view to saving employee hours whenever possible.

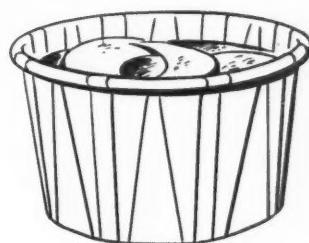
In another address, Roy Bodwell of the Huron Road Hospital, Cleveland, favored compact vertical plans for hospital buildings as more economical to operate than the horizontal "spread out" type of building. Mr. Bodwell also advocated the elimination of all unnecessary partitions within the hospital building. For example, he said, it is unnecessary to provide as many separate private dining rooms as is customarily done. He also suggested that in most hospital plans a number of the individual private offices now being provided might better be eliminated.

In addition to Miss Robinson, other officers elected by the association were: first vice president, Dr. R. B. Crawford, Lakewood; second vice president, Louis C. Rittmeyer, Cincinnati; treasurer, Rt. Rev. Msgr. M. F. Griffin, Cleveland; chairman, northeastern district, Robert R. Stewart, Toledo; chairman, southwestern district, A. N. McGinniss, Cincinnati; delegates, David A. Endres, Youngstown, Dr. M. F. Steele, Cincinnati; alternates, R. W. Bachmeyer, Canton, W. L. Benfer, Toledo.

### Engineers' Institute in Chicago This Month

CHICAGO.—Engineers in the hospital field will participate in an institute to be held in Chicago May 24 to 28. Purposes of the institute are to provide training in the special needs of the hospital field for engineers new to the field, to provide ideas on "short cuts and tricks of the trade" for experienced hospital engineers, and to bring the whole field abreast of technological developments in equipment, lighting and electronics as these affect hospital operation and maintenance.

Topics to be covered by institute lectures include hospital safety; protection against fire loss; fuel selection; new developments in lighting, and opportunities for the engineer to aid in patient care.



## an extra "AID" for every patient

### Lily Paper Service Relieves Your Overworked Staff!



Where hospitals are crowded, understaffed, faced with increased operational costs . . . Lily\* Paper Service proves an invaluable aid! In one large west coast hospital,† for example, 61 employees were released from culinary chores when Lily Service was adopted!

Lily speeds and eases service by allowing preportioning of many foods . . . and by reducing clean-up problems to a minimum!

The lightness of Lily Cups and Containers, as compared with crockery, does much to relieve nurse fatigue. And the

†Name on request

\*T.M. Reg. U.S. Pat. Off.



fresh cup or container for every service relieves the patients' worry of cross-contamination!

Try Lily Paper Service now in a single ward, or for supplementary feeding. A sample kit and our interesting "Food Cost and Control Chart" are yours for the asking. For your convenience, use the coupon below. LILY-TULIP CUP CORPORATION, 122 East 42nd Street, New York 17, N. Y. • Chicago • Kansas City • Los Angeles.

**LILY-TULIP CUP CORPORATION**  
122 East 42nd Street, New York 17, N. Y.

Please send me your free hospital sample kit and a copy of your "Food Cost and Control Chart."

Hospital Name.....

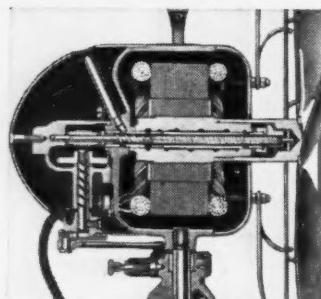
Street.....

City, State.....

Your Name & Title.....



Case-hardened, hollow-steel shaft, on which the rotor revolves, is securely anchored in the motor frame.



Spiral oil grooves in the rotor core and the spiral oil conveyor attached to the floating worm shaft keep the oil circulating continuously, providing "forced feed" lubrication.



Finger-tip oscillation adjusting case. Simply turn the rim of the adjusting case to the desired range of oscillation, from 90° down to stationary position.

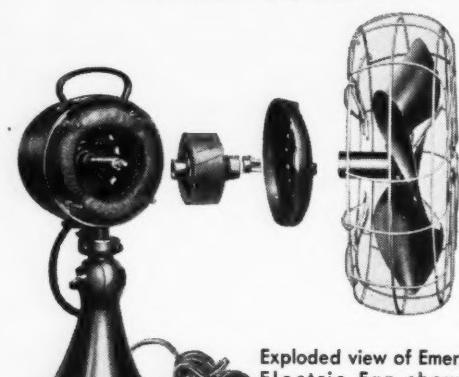
## ... Another Reason why EMERSON-ELECTRIC FANS give you Years of Trouble-Free Service

The rotor of Emerson-Electric 12" and 16" AC Oscillators operates on a stationary, "built-in," hollow-steel, case-hardened shaft—providing an oil-tight, dust-proof, "sealed-in" bearing which is virtually wear-proof.

An exclusive Emerson-Electric feature for 46 years, this is why these sturdy fans give you a lifetime of quiet, dependable, trouble-free service and are guaranteed for five years against mechanical or electrical defects.

Wherever there's air to be moved, there's an efficient Emerson-Electric fan to do the job. For a complete selection of sizes and types, in new improved designs and attractive finishes, see your Emerson-Electric dealer today. Or write for 1948 Emerson-Electric Fan Catalog No. T-62.

**THE EMERSON ELECTRIC MFG. CO.**  
St. Louis 21, Mo.



Exploded view of Emerson-Electric Fan showing simplicity of design and durability of construction.

**EMERSON** MOTORS FANS **ELECTRIC** APPLIANCES

## Pennsylvania Group to Vote on Conference

PHILADELPHIA.—At the annual meeting of the Hospital Association of Pennsylvania here April 29, it was decided that association participation in the proposed Middle Atlantic Hospital Conference should be decided by means of a ballot among the entire membership.

In The MODERN HOSPITAL for March, it was erroneously reported that the Middle Atlantic Conference had already been formed. Actually, the action was taken by officers and trustees of the participating associations (New York, Pennsylvania, New Jersey) but the action must have the support of the full memberships before the regional conference can become effective.

A mail ballot was conducted among member hospitals of the New York State Association during the month of April, but the result has not yet been announced.

## Iowa Officers Named

DES MOINES, IOWA.—Nell Lundy, administrator of the Cedar Valley Hospital at Charles City, was named president-elect of the Iowa Hospital Association at the annual meeting here last month. Miss Lundy will succeed Harold A. Smith, administrator of the Atlantic Memorial Hospital, who succeeded Gerhard Hartman, superintendent of the State University of Iowa Hospitals, retiring president.

Other officers named by the association were: first vice president, Sister Mary Eileen, Cedar Rapids; second vice president, R. R. Hobart, Des Moines; treasurer, J. Richard Johnson, Davenport; secretary, Rose Jacobs, Newton; trustee, Gerhard Hartman, Iowa City.

## National Health Assembly

WASHINGTON, D.C.—The National Health Assembly, called two months ago by Federal Security Administrator Ewing at the instance of the President, opened here May 1 for a four-day session. One of the major topics slated for discussion was the need for doctors, dentists and nurses. Representatives of public and private organizations and agencies concerned with the nation's health comprised the group which was spear-headed by a twenty-four-member committee.

al meeting  
tion of  
was de-  
tion in  
Hospital  
y means  
member-  
  
AL for  
tated that  
ce had  
ly, the  
trustees  
(New  
y) but  
t of the  
regional  
  
among  
Y. York  
onth of  
et been  
  
Lundy,  
y Hos-  
l presi-  
Associ-  
ere last  
d Har-  
the At-  
succeed-  
ent of  
spitals,  
  
associa-  
Sister  
and vice  
Moines;  
Daven-  
ewton;  
City.

1

ational  
months  
nistra-  
e Pres-  
four-  
topics  
ed for  
Repre-  
te or-  
cerned  
prised  
led by

SPITAL

**I**NTERNATIONAL SILVER CO. Extra Heavy Hotel Plate is the very finest hotel silverplate that we can produce. It is superior in design, in weight, in thickness of plate, and in finish. No wonder then, that it is the choice of such internationally famous hotels as the Statler, the Edgewater Beach, the Waldorf-Astoria. The patterns shown here and many others... together with harmonizing service pieces are now available for your consideration.



**THE INTERNATIONAL SILVER COMPANY \* MERIDEN, CONNECTICUT**

*Quality Silverware for*

HOTELS • RESTAURANTS • HOSPITALS • TEAROOMS • CLUBS

## NEWS...

### Greater New York Hospital Association Elects Officers



NEW YORK.—An effort to obtain higher rates for voluntary hospitals caring for New York City patients was reported by Louis Schenkweiler,

newly elected president of the Greater New York Hospital Association, at the association's April meeting. Mr. Schenkweiler also reported that the insurance commission had been requested to approve additional payments to hospitals by Associated Hospital Service, the New York Blue Cross plan.

In addition to Mr. Schenkweiler, other officers elected by the association were: president-elect, Rev. John J. Curry, director of the division of health and hospitals, New York Catholic Charities;

vice president, Dr. W. B. Talbot, Post-Graduate Hospital; treasurer, Louis Miller; secretary, F. Wilson Keller, Hospital for Special Surgery; board of governors, three years, Dr. Joseph Turner, Dr. Karl Klicka, J. Russell Clark; two years, Dr. Morris Hinenburg, E. Reid Caddy, Rev. Francis P. Lively; one year, John Hayes, John S. Parke, Dr. A. A. Karan.

### St. Clare's Opens Addition

NEW YORK.—A new wing was formally dedicated at St. Clare's Hospital here last month in a ceremony featuring addresses by Cardinal Spellman, Dr. Maurice J. Costello, president of the hospital staff, and Rev. John J. Curry, hospital director of the Catholic Charities of New York.

The new facilities brought the total bed capacity of St. Clare's to 443, hospital officials said. "It is our hope that the capacity of the hospital will eventually reach 600 beds and continue to provide necessary facilities for intern and resident training programs," Dr. Costello stated.



Moves large gas cylinders with safety, ease, and speed

Even the smallest nurse can load this truck with perfect ease. With handles in vertical position, just slip the V-shaped open bottom under cylinder base (see inset illustration). Tilt cylinder backward and flip the locking arm. The handle-lowering device keeps the center of gravity always above rear wheel, confining full weight of cylinder to truck. In upright position the truck forms a stationary base. Adjusting mechanism folds for storage. The handles are made of 1-inch tubular steel; have rubber hand grips. The bottom is made of welded angle iron. The 8-inch diameter truck wheels are made of cast aluminum; equipped with rubber tires 1½ inches wide, ¾-inch thick. The ball-bearing, swiveling 3-inch rear wheel is pressed steel; has rubber tire. Smooth, aluminum finish.

**JP6856** — New Aloe Safety-Tilt Gas Cylinder Truck, for G-type cylinders, aluminum finish; without cylinder shown, each ..... \$47.50  
In lots of three, each ..... 45.00  
In lots of six, each ..... 42.50



A. S. ALOE COMPANY

General Offices: 1831 Olive Street, St. Louis 3, Mo.

### COMING MEETINGS

AMERICAN ASSOCIATION OF RECORD LIBRARIANS, Elks Club, Los Angeles, Oct. 18-22.

AMERICAN DIETETIC ASSOCIATION, Hotel Statler, Boston, Oct. 18-22.

AMERICAN COLLEGE OF HOSPITAL ADMINISTRATORS, Traymore Hotel, Atlantic City, Sept. 19, 20.

AMERICAN CONGRESS OF PHYSICAL MEDICINE, Hotel Statler, Washington, D. C., Sept. 7-11.

AMERICAN HOSPITAL ASSOCIATION, Traymore Hotel, Atlantic City, Sept. 20-23.

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, Hotel Pennsylvania, New York City, Sept. 7-9.

AMERICAN PHYSICAL THERAPY ASSOCIATION, LaSalle Hotel, Chicago, May 23-28.

AMERICAN PROTESTANT HOSPITAL ASSOCIATION, Atlantic City, N. J., Sept. 17-19.

CATHOLIC HOSPITAL ASSOCIATION, Cleveland Public Auditorium, Cleveland, June 7-10.

MARYLAND-DISTRICT OF COLUMBIA HOSPITAL ASSOCIATION, Francis Scott Key Hotel, Frederick, Md., May 27, 28.

NATIONAL EXECUTIVE HOUSEKEEPERS' ASSOCIATION, Brown-Palace Hotel, Denver, June 23-26.

NEBRASKA HOSPITAL ASSOCIATION, Cornhusker Hotel, Lincoln, Nov. 17, 18.

NEW JERSEY HOSPITAL ASSOCIATION, Hotel Dennis, Atlantic City, N. J., May 20-22.

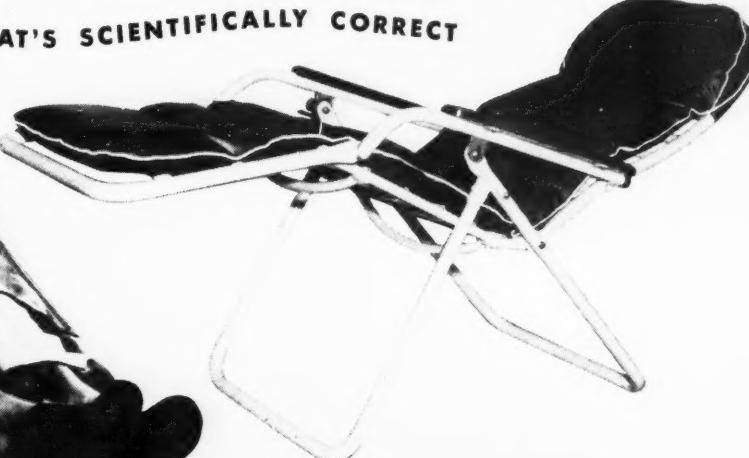
NEW YORK HOSPITAL ASSOCIATION, Lake Placid, May 26-28.

UPPER MIDWEST HOSPITAL CONFERENCE, Minneapolis, June 2-4.

# The Incomparable

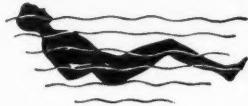
# Barcaloafet

RELAXATION THAT'S SCIENTIFICALLY CORRECT



*More Comfortable  
Than a Bed*

## Here's Why!



It's a known principle that the swimmer, when floating, is *fully relaxed*. The Barcaloafet provides the same head-to-toe relaxation—"Floating Comfort."



The Barcaloafet is far more than a mere adjustable chair, permitting easy and unlimited change of position. In every position it gives incomparable comfort.

## AMONG ITS INNUMERABLE USES IN THE HOSPITAL . . .

- For the patient who is benefited by sitting up soon after an operation.
- For the convalescent who can adjust the chair as he wishes, and needs less supervision.
- For nerve and heart cases, where complete relaxation fills a vital need.
- For the doctor or nurse who must stay at the patient's bedside for hours at a time.

TRY IT YOURSELF

... FEEL IT RELAX YOU

The Barcaloafet construction is ideal for hospital use. Frame is chip-resisting enamel. Cushions are resistant to damage from water, antiseptics, medicines, etc. Moderate in price—gives years of service. SEE it—SIT in it—get all the facts from your Supply Dealer.

**BARCALO MANUFACTURING CO., BUFFALO 4, N.Y.**

## NEWS . . .

### Army Program Calls for 1900 New Doctors

WASHINGTON, D.C.—A greatly expanded professional training program which calls for 1900 new doctors in the regular army and an increasing number of volunteer reserve officers on active duty has been announced by Maj. Gen. Raymond W. Bliss, surgeon general of the army. The program will further integrate civilian and military

medicine and give many more army officers the requirements for certification by the American specialty boards.

Outstanding aspects of the new training program as described by the surgeon general are:

1. Physicians already resident in civilian hospitals are now eligible for commissions in the regular army. Those commissioned may continue their residencies with full pay and allowances from the army and will be assigned to the civilian hospital in which they are

already resident. Even in the event of a major emergency, residents will complete their training, if it is at all possible. Chances of continuing training for these men will be at least as good as those of civilian doctors in resident training.

2. Civilian interns are now eligible for army medical corps reserve commissions and may continue their internship with full army pay and allowances. Those so commissioned will undertake to accept a commission in the regular army on completion of their internship and then will be permitted to compete for army residencies in either army or civilian hospitals.

3. During 1948, 500 young doctors will be commissioned and assigned to duty at army hospitals in order to compete for 260 residencies in both army and civilian hospitals. Competitive examinations will begin in either September or October 1948. Resignation of officers commissioned under this phase of the program will not be accepted within one year after the date of commission.

4. One hundred and fifty commissions in the grades of major, lieutenant colonel and colonel will be offered in 1948 and another 150 in 1949 to doctors who have completed their training. This aspect of the program is not limited to those men already certified as specialists, inasmuch as outstanding officers for command and staff positions are needed as well as professional men. Applicants for these commissions in higher grades will not be considered for residencies or specialty training.

5. Active Reserve Service for specific positions and limited periods will be offered doctors who are not interested in a regular army career. General announcements for such vacancies will be made from time to time.

## ARE YOU HITTING or MISSING



### ... with your Present Method of INSECT CONTROL?

Seeking a positive "hit-and-kill" way of solving your insect problem? The new WEST VAPOMAT—filled just once with West Vaposector Fluid\* gives you "sure-fire" control of roaches and similar crawling insects within areas of 50,000 cu. feet. "Effective Kill" of flying insects in areas up to 100,000 cu. feet is also accomplished.

The West Vapomat actually penetrates the "Hidden Breeding Places" in your building—its tiniest cracks and crevices. Completely automatic, economical, light and easy to operate—merely set time clock and plug into AC or DC outlet, no manual attendance required.

*A prompt, dramatic demonstration by one of West's trained specialists will quickly convince you! MAKE US PROVE WHAT WE SAY! WRITE US ON YOUR BUSINESS LETTERHEAD NOW!*

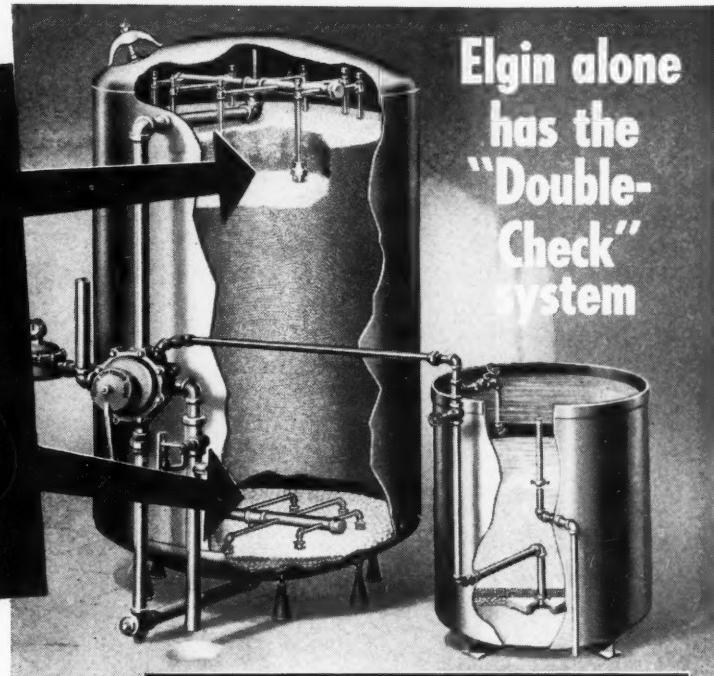
\*West Vaposector Fluid is obtainable in non-inflammable, odorless and regular forms. Non-toxic as well as non-staining, West Vaposector Fluid is unsurpassed in insect killing efficiency and economy.

PRODUCTS THAT PROMOTE SANITATION

**WEST** DISINFECTING Company 42-16 West Street  
Long Island City 1, N.Y.

Yes, ELGIN GIVES YOU

A **44%**  
**SOFT WATER  
BONUS**



Elgin alone  
has the  
"Double-  
Check"  
System

**A**N operating man said to one of our engineers: "44% more soft water is a lot of water to swallow. On what basis and by what magic do you accomplish this?"

It is not surprising that a claim as strong as ours should be challenged. But we assure you there is no "catch." When we say Elgin gives up to 44% more soft water we mean specifically that the Elgin "Double-Check" Zeolite Softener *gives up to 44% more soft water per regeneration than any other softener of equal size.*

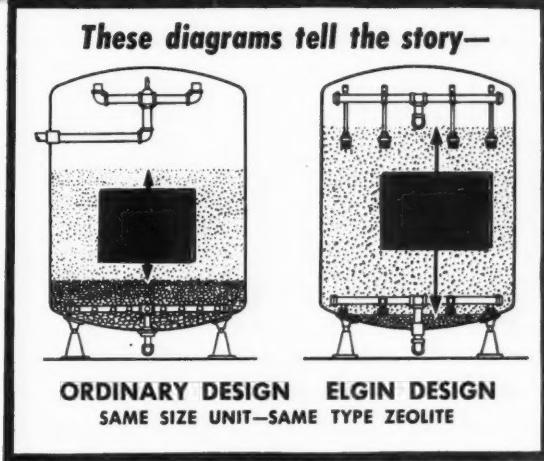
As to how we do this, there is no mystery. We simply use more zeolite in a softener of given size and get more work out of the zeolite we use. The two accompanying diagrams tell the story. They show two zeolite softeners of equal size. One is the Elgin "Double-Check" design; the other is a softener of ordinary design. Notice that the softener of conventional design contains far less zeolite than the Elgin of the same size. This far shallower bed is necessary in the ordinary softener to prevent loss of zeolite during the regeneration process. In the Elgin Softener the "Double-Check" manifold arrangement prevents the escape of zeolite during regeneration, even when backwashed at a faster and more effective rate. That's why an Elgin Softener of given size can contain so much more zeolite.

Of course more zeolite means more water softening capacity. But note, also, that by preventing escape of zeolite with the "Double-Check" manifold we also can use a higher backwash rate which means better opening up and re-grading of the zeolite bed, more thorough regeneration by the brine, maximum use of the zeolite throughout the service period. The Elgin output stays zero soft all the way!

Yes, the Elgin "Double-Check" does pay you a bonus—in soft water delivered. It costs less to buy in terms of gallons delivered, occupies less space, costs less to operate and less to maintain. Eloquent proof of the advantages of the Elgin "Double-Check" design is found in the fact that hundreds of engineers have had the Elgin "Double-Check" manifolds installed in their present softeners of other makes to obtain extra gallons of soft water the Elgin "Double-Check" Way.

#### Give your present softener greater capacity

You can get as much as 3 to 10 times more soft water from your present softener, regardless of make, by installing Elgin "Double-Check" manifolds and Elgin Super-Capacity Zeolite. Cost is low.



#### Ask for information on these other Elgin Water Conditioning Products

- Boiler feed water treatments
- Post treatments for softened water
- Corrosion prevention treatments for steam systems
- Corrosion prevention for hot and cold water lines
- Deconcentrator systems
- Filters and purifiers
- Iron removal equipment
- Aerators
- Chemical feeders
- Water testing equipment
- Elgin Quality Zeolites—all types

*Let an Elgin Engineer Help You Plan . . .*

**ELGIN SOFTENER CORPORATION**

SOFTEMERS ★ FILTERS ★ WATER TREATMENT ★ BOILER WATER CONDITIONING

## NEWS . . . Hits Plan to Employ Student Nurses as Baby Sitters

CHICAGO.—A newspaper plan to use hospital nursing schools and nurses' homes as baby sitter agencies was criticized by hospital administrators here following publication of the plan in the *Chicago Daily News* last month.

The newspaper outlined a program under which parents seeking baby sitter services could call the nursing school

office or nurses' home of a number of Chicago and suburban hospitals and make arrangements for student or graduate nurses to serve as baby sitters in their off-duty hours.

"Some hospital people feel that certain undesirable features of this arrangement must be given thoughtful consideration," Dr. Roger DeBusk, executive director of Evanston Hospital, Evanston, Ill., and past president of the Chicago Hospital Council, declared in a letter to the *Daily News* which was pub-

lished several days after the original plan appeared.

"In accepting student nurses, many hospitals consider that they assume an obligation of guardianship over the young girls, who are usually only 18 to 20 years old," Dr. DeBusk continued. "In a sense, the hospital must serve as parent as well as teacher during the student years. How can the hospital, which takes this responsibility seriously, permit the young girl to spend her evenings as a baby sitter in the homes and under circumstances over which the hospital, or guardian, has absolutely no control?

"The student nurse has an extraordinarily active and exacting routine during her educational experience in the hospital school today. The average student day includes about four hours in the classroom or laboratory, and another four hours in the hospital itself, caring for patients and applying newly acquired knowledge at the bedside. In addition to this, the student must have some time for study and preparation, and, of course, adequate rest, relaxation and social activity are essential to wholesome development during these years," Dr. DeBusk concluded.

## A HYPO NEEDLE Is No Better Than ITS BASIC MATERIAL

Today . . . manufacturers of quality needles meet professional demands with two different basic materials. One, **stainless cutlery steel**; the other, **rustless steel**. Each answers clinical needs in a separate way. Know the difference.

Genuine, **stainless cutlery steel** is heat-treated. This gives it a spring-temper that makes a needle hard and stiff, without being brittle; that allows it to take and keep a sharp point. Only VIM needles can claim this distinction, for they are made of Firth-Brearley **stainless cutlery steel**, an exclusive in this country with the MacGregor Instrument Company.

**Rustless steel**, the material used in making ordinary needles, cannot withstand a heat treatment for true spring-temper. However, it can be work-hardened for acceptable performance.

Because of this difference, Firth-Brearley **stainless cutlery steel** makes VIM today's best needle for lasting smooth performance and economy of use.

Contact your surgical instrument dealer for all standard VIM sizes.

Write us for a complete list of VIM needles for Intramuscular, Intravenous and Intradermal work.

**MacGregor Instrument Company**  
**Needham 92, Mass.**



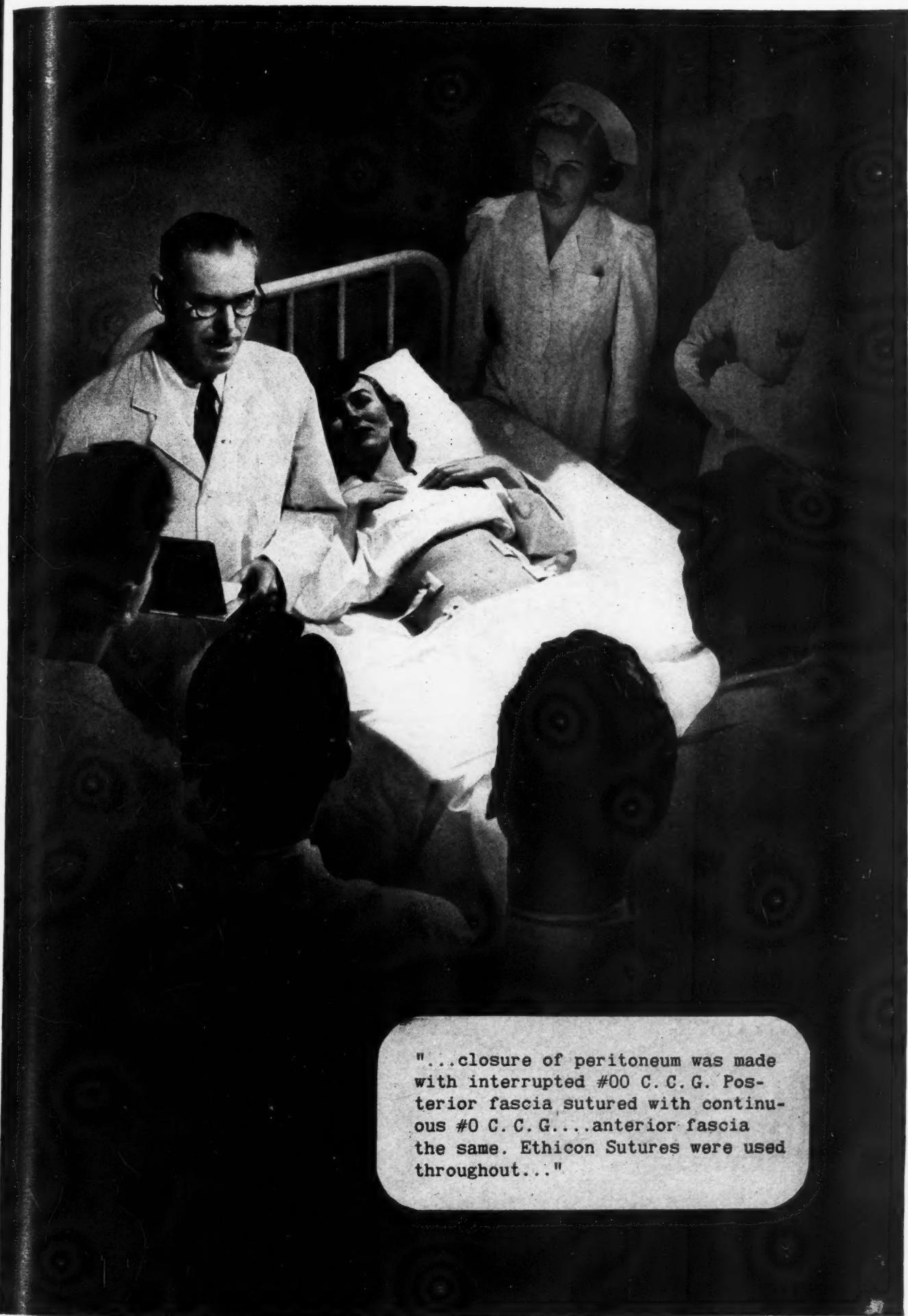
## New Orleans Hospitals Inaugurate Program of Public Relations

NEW ORLEANS.—On National Hospital Day, the New Orleans Hospital Council inaugurated its newly approved public relations program, including the use of radio time.

The cost of the new program designed to inform the people of the city about rising costs of operation of voluntary hospitals, the relation of costs to charges, and the use of Blue Cross insurance to meet future hospital expenses is being met for 1948 by contributions of \$5 a year per occupied bed from member hospitals, excluding governmental institutions. This amounts to \$10,000 figured on the 1947 census.

All media of communication will be used, and a professional public relations worker has been employed.

The committee on public relations consists of Walter M. Barnett Jr., John F. Screen, Richard A. Hammer, A. P. Richard II and Edward Groner. Joseph W. Hinsley is president of the council.



"...closure of peritoneum was made with interrupted #00 C.C.G. Posterior fascia sutured with continuous #0 C.C.G....anterior fascia the same. Ethicon Sutures were used throughout..."

# This beats a magic carpet!



Air Express can bring you pharmaceuticals, medical and dental supplies from any U. S. point . . . overnight. And that's better than old-style magic! Air Express is the fastest way you can find to ship or receive. No delays, because shipments go on every flight of the Scheduled Airlines.

What's more you get special door-to-door service at no extra cost. With low Air Express rates, you can use this fastest service to keep inventories low. Let Air Express keep things running smoothly.

## Specify Air Express—World's Fastest Shipping Service

- Low rates—special pick-up and delivery in principal U. S. towns and cities at no extra cost.
- Moves on all flights of all Scheduled Airlines.
- Air-rail between 22,000 off-airline offices.

**True case history:** Chicago hospital regularly receives drugs and vaccines by Air Express. One of a score of recent shipments: 3-lb. package picked up 6 P.M., Springfield, Mass., on 13th, delivered 4:10 A.M. the 14th, 786 miles. Air Express charge only \$1.34. Any weight inexpensive, too. Phone local Air Express Division, Railway Express Agency, for fast shipping action.



Rates include pick-up and delivery door to door in all principal towns and cities

AIR EXPRESS, A SERVICE OF RAILWAY EXPRESS AGENCY AND THE  
**SCHEDULED AIRLINES OF THE U.S.**

## NEWS . . .

### Surgeon General Scheele Opens Cancer Campaign

NEW YORK.—The present body of medical knowledge if fully applied throughout the population would "immeasurably advance human health," Dr. Leonard A. Scheele, surgeon general of the U. S. Public Health Service, declared at a meeting here, opening the annual fund raising campaign of the American Cancer Society.

Dr. Scheele said that a lag in the widespread application of medical knowledge developed in research activities must be combated. However, he believes that the health care of the American people "must not become a monopoly of either government, private enterprise, or charitable organizations." Rather, he advocates a proper balance among all interested groups and agencies.

Dr. Scheele said that his predecessor, Dr. Thomas Parran, who was recently retired as surgeon general, had "done more than any other person" to protect the health of the American people. The greatest need in the health field, Dr. Scheele declared, is adequate provision for the aging population—described as "the need for healthy maturity."

Dr. Scheele said we do not fully understand the significance of the fact that by 1970 one of every ten Americans will be sixty-five years of age or older.

"We have just begun widely to apply our knowledge of cancer and to intensify our search for better means with which to detect and treat malignant growths," Dr. Scheele stated, urging support of the cancer society program.

### Summer Courses for Graduate Nurses in L.A.

LOS ANGELES.—Special summer courses for graduate nurses will be offered in July and August by the Immaculate Heart College here, it is announced. The courses are designed principally to meet the needs of hospital administrators, nursing directors, and supervisors as well as of instructors in nursing schools.

Among the subjects to be covered by the courses are administration of nursing schools, nursing supervision in hospitals, and current needs in nursing. Degree credit for college nursing students will be given for these summer courses.

"U

OII  
in  
for

Econom  
attracti  
Oil-Fire  
Comp  
expense  
cordin  
Treasur  
consid  
cut

Another  
saving  
day wh  
a day.  
quired

Ask  
you ca  
Install  
ing wi  
Genera  
Depart

Vol. 70

needle  
aign  
body of  
applied  
uld "im-  
lth," Dr.  
eneral of  
declared  
e annual  
American

g in the  
medical  
ch activi-  
ever, he  
of the  
ecome a  
private  
zations."  
balance  
and agen-

decessor,  
recently  
and "done  
to protect  
ole. The  
eld, Dr.  
rovision  
cribed as

fully un-  
fact that  
mericans  
r older.  
o apply  
o inten-  
ns with  
alignant  
urging  
gram.

A.

courses  
ered in  
maculate  
ounced.  
cially to  
inistra-  
ervisors  
nursing

ered by  
f nurs-  
in hos-  
nursing.  
ng stu-  
ummer

SPITAL

"We recommend  
without reservations..."

WILLIAM W. KURTH . . . President-Treasurer  
A. B. Sutherland Company



## OIL-FIRED BOILERS

in multiple installations  
for efficiency...economy...  
cleanliness

Economical and compact . . . clean and attractive, the Multiple Installation of G-E Oil-Fired Boilers at the A. B. Sutherland Company is saving fuel . . . supervisory expenses . . . space. They have gained, according to Mr. William W. Kurth, President-Treasurer "more even temperature...with considerable saving in fuel cost."

### cut supervisory costs...saved space

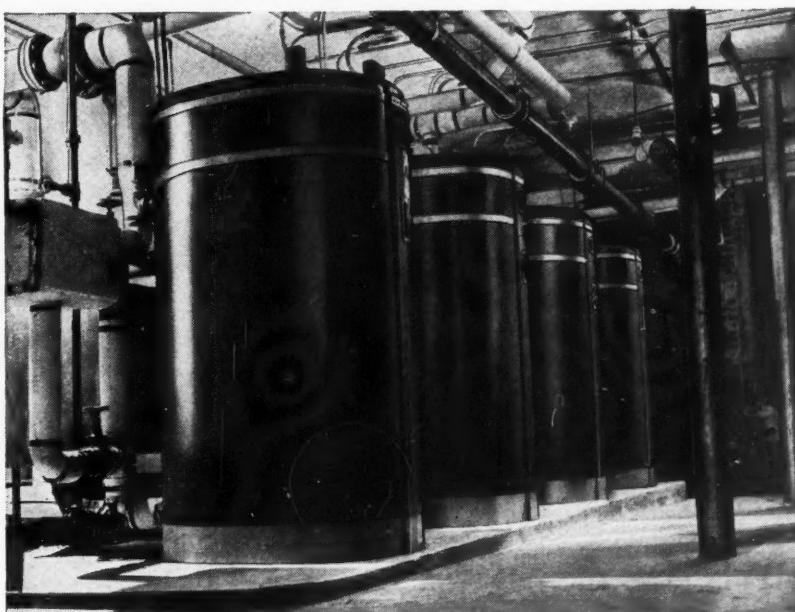
Another cost slash, says Mr. Kurth, is "the saving of man power twenty-four hours a day which used to necessitate three men a day." And, he continues, "the area required for boilers and oil tanks is so small we gain additional stock room."

Ask your General Electric Dealer how you can economize with a G-E Multiple Installation. He'll heat-survey your building without charge. Call him today.

General Electric Company, Air Conditioning Department, Section H8675, Bloomfield, N.J.



Both A. B. Sutherland Company's buildings are heated by the same G-E Multiple Installation. For greater economy the buildings were zoned into 3 heating sections.



Compact G-E Oil-Fired Boilers save plenty of space. Their cleanliness, attractiveness permit use of basement for display rooms or additional working space.

**GENERAL ELECTRIC**  
*Automatic Gas and Oil Heat*

## NEWS . . .

### One in Three Is Blue Cross Member in New York

NEW YORK.—Enrollment of 417,191 persons in Associated Hospital Service, New York's Blue Cross plan, during 1947 brought the overall total to 3,206,178, or one out of every three persons in the Greater New York area, Louis H. Pink, president, announced in the annual report issued last month. The service has been ex-

tended to increasingly large numbers of persons in the lower income groups, the report stated; the organization's growth was also attributed to the increasing number of unions enrolled.

Of the total membership, 42.1 per cent were women, 32.9 per cent, men, and 25 per cent, children. Of the total number of hospitalized cases, 56.1 per cent were women, 22 per cent, men, and 21.9 per cent, children, the report said.

A total of \$23,872,183.14 was paid to hospitals for the care of 297,173 members, as against \$16,665,022.53 for 229,893 members who were hospitalized in 1946. With the exception of maternity cases, 92 per cent of those who received care in semiprivate accommodations in member hospitals had their hospital bills paid in full. The amount paid to hospitals since the plan was founded in 1935 now totals \$107,955,764, it was reported.

Of the total number of cases hospitalized, 68,440, or 23.03 per cent, were maternity cases. Surgical cases, including tonsillectomies, tumors and operations of the digestive and genito-urinary system, numbered 147,312, or 49.57 per cent. Medical cases, including respiratory, digestive, urinary and circulatory diseases, numbered 81,421, or 27.40 per cent. The average length of stay in the hospital was 8.9 days as against 9.5 days in 1946.

In summing up the year's activities, Mr. Pink pointed out that inflation constituted the organization's greatest problem, making it necessary to increase payments to hospitals and consequently to raise subscription charges to members. Nevertheless, he stated, the contract was improved to permit greater benefits in private rooms and an increase in the allowance for maternity care from \$60 to \$80.

Emphasizing the importance of maintaining the voluntary hospital system, now seriously threatened by inflationary costs, Mr. Pink stressed the importance of Blue Cross cooperation in supplementing public support of hospitals. "Without Blue Cross many of our subscribers would be unable to pay their way," he declared. "This would result in a heavier burden on hospitals already struggling to carry the load of free care and survive in a dangerous financial period."

### Hospital Lottery Unlikely

ALBANY, N.Y.—A bill to permit New York City to conduct a lottery for support of hospitals was introduced in the state legislature here last month. It was one of several hundred bills presented on the last day new legislation could be introduced in the current session; hospital people in the state believe that there is little chance of the bill being acted upon.

**Stryker**  
TURNING FRAMES

... SAVE TIME  
and DISCOMFORT  
... SIMPLIFY PROCEDURES

TURNING is simple,  
easy — requires no  
lifting.

ANTERIOR FRAME facilitates treat-  
ment and nursing care of back.  
Patient can feed self.

POSTERIOR FRAME allows con-  
tinuous leg and head traction. Cen-  
ter section drops for bed pan use.

ORTHOPEDIC FRAME CO.  
KALAMAZOO, MICHIGAN

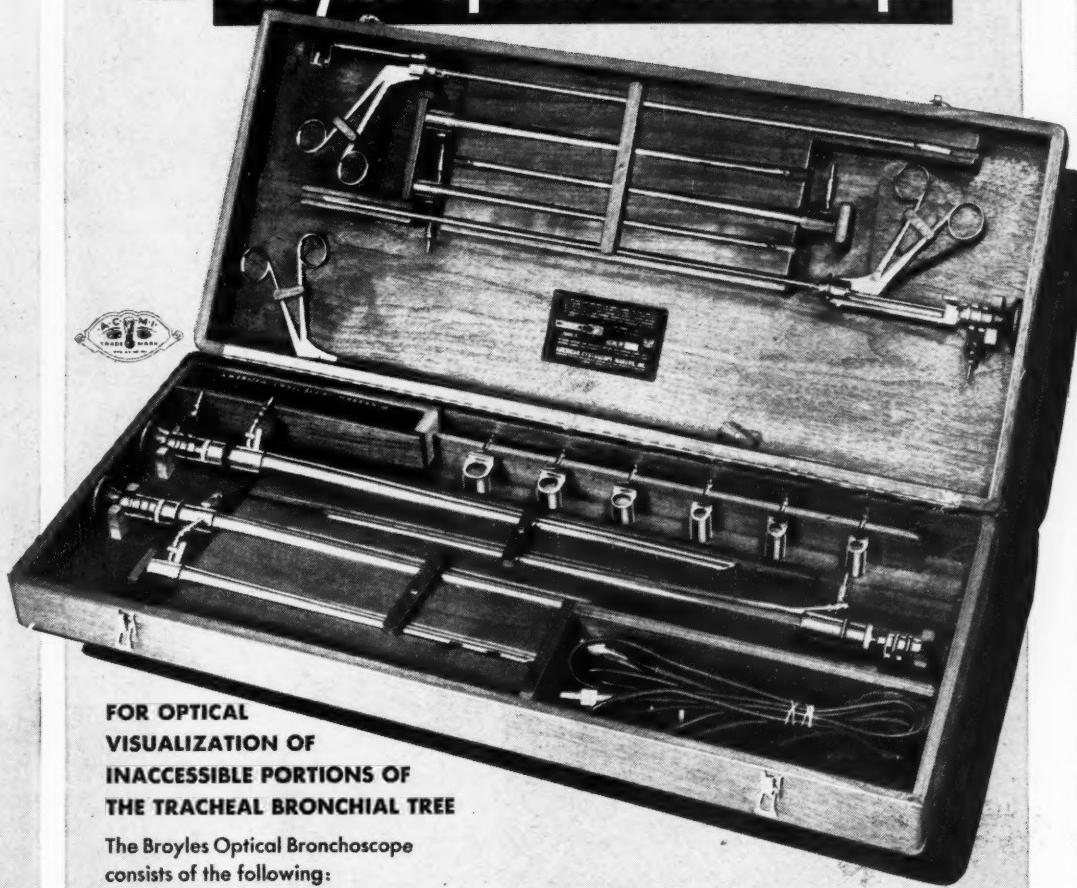
was paid  
297,173  
5,022.53  
were hos-  
exception  
cent of  
semipri-  
ber hos-  
paid in  
hospitals  
in 1935  
was re-

ases hos-  
per cent,  
al cases,  
hors and  
and geni-  
147,312,  
ases, in-  
urinary  
umbered  
he aver-  
ital was  
in 1946.  
ctivities,  
inflation  
greatest  
increase  
equently  
o mem-  
the con-  
greater  
an in-  
maternity

nce of  
hospital  
ened by  
stressed  
cooper-  
lic sup-  
t Blue  
s would  
he de-  
heavier  
ruggling  
and sur-  
eriod."

permitt  
terry for  
duced in  
month. It  
ills pre-  
gislation  
ent ses-  
believe  
bili be-

## THE Broyles Optical Bronchoscope



**FOR OPTICAL  
VISUALIZATION OF  
INACCESSIBLE PORTIONS OF  
THE TRACHEAL BRONCHIAL TREE**

The Broyles Optical Bronchoscope  
consists of the following:

**Foroblique\*** examining telescope, providing magnified  
image of lesions in direct view.

**Right angle examining telescope**, permitting clear, magnified  
image of upper lobe bronchus and subdivisions.

**Retrograde examining telescope**, giving retrospective view  
of lower portions of lesions of trachea.

**Operating telescope**, providing clear, magnified image directly  
at jaws of Biops Forceps or Grasping Forceps.

Bronchoscopic tubes are supplied in lumen sizes 3, 4, 5 and 6 mm., 30 cm. long  
and with 7, 8 and 9 mm. lumen, 40 cm. long. Each tube includes a separate  
interchangeable light carrier. Also included, is a set of anti-fogging attachments.

The Broyles Optical Bronchoscope is available as a complete unit; or the individual  
telescopes, forceps, tubes and other components may be obtained separately.

\*McCarthy Optical System

**Write for full information**

**American Cystoscope Makers, Inc.**

1241 LAFAYETTE AVENUE • FREDERICK J. WALLACE, PRESIDENT • NEW YORK 59, N. Y.

## NEWS . . .

### Special Call for Doctors in Proposed Draft Legislation

By EVA ADAMS CROSS

WASHINGTON, D.C.—A provision in the proposed legislation laid before Congress by the Administration April 3 for an immediate selective draft authorizes the President to call up doctors, dentists and veterinarians up to the age of 45.

In relation to the procurement program, however, it is the stated policy of the army's surgeon general that virtually all doctors who served in World War II will be deferred, according to an official of the Office of the Surgeon General. If it becomes necessary to draft World War II doctors, they will be called on in inverse ratio to their length of service. In other words, those who served three months, for example, will be called before those who served three years.

It is anticipated that those to be called first will be the young doctors who have had any part of their training paid for by the government. There are some 4500 who have had anywhere from one to three years' training at government expense.

In the case of the Army Medical Department, the Selective Service Act will be more truly selective than in any other branch of the service, according to the surgeon general. By mid-summer, the medical department will find itself under strength for its current needs. Temporarily, however, it can carry along with the 4400 doctors already on active duty. Full strength would require 5500. But it is planned to keep the medical corps slightly under strength so that when doctors are called from their civilian practice to military practice, there will be no waiting around for assignments. And the doctor will have the opportunity to say what his preference is as to location.

The surgeon general emphasizes the fact that military medicine is a part of the stream of American medicine and therefore the army medical service must stay squarely in the middle of that stream. In all his policies, the surgeon general is aided by the advice of civilian doctors who call themselves the Society of Medical Consultants of World War II. The members of this group who were consultants to various Army Commands in the recent war total some 300.

It is not anticipated that there will be any change of plans to release the young doctors at the end of their twenty-four months of service. Sixteen hundred will be released at the end of July in spite of rumors to the effect that they will be kept on active duty. Such a change of plan, it is argued, would upset post-graduate training in civilian institutions.

### Equipment for Easier Nursing



### Your GENERAL AUTOMATIC is Ready NOW A "Nurses Aide" for Immediate Delivery

There's no waiting for General Automatic electrically-cooled oxygen tents. Production is being maintained at a high level, permitting immediate deliveries. Order now and enjoy the benefit of this modern, efficient equipment without delay.

The General Automatic ends ice-chopping and water-bucket-handling in oxygen tent therapy. It releases your nurses for more productive nursing functions, eases the load on hard pressed nursing staffs.

With the General Automatic, patient comfort becomes a simple matter of flicking the starter switch and setting the temperature dial to the exact degree that may be desired. Humidity is maintained uniformly between 45% and 50%.

Through your dealer or direct, for more efficient, more accurate, more comfortable oxygen tent therapy, get the General Automatic. Standard A.C. model, f.o.b. New York, \$675.00. Slightly more for D.C. model. Prices subject to change without notice.

General Hospital Supply Service is not a sales organization in the usual sense. It is a firm of Hospital Consultants specializing in the development of better, more efficient hospital equipment.

256 West 69th Street, New York 23

General  
HOSPITAL SUPPLY SERVICE, INC.

3357 West 5th Avenue, Chicago 24

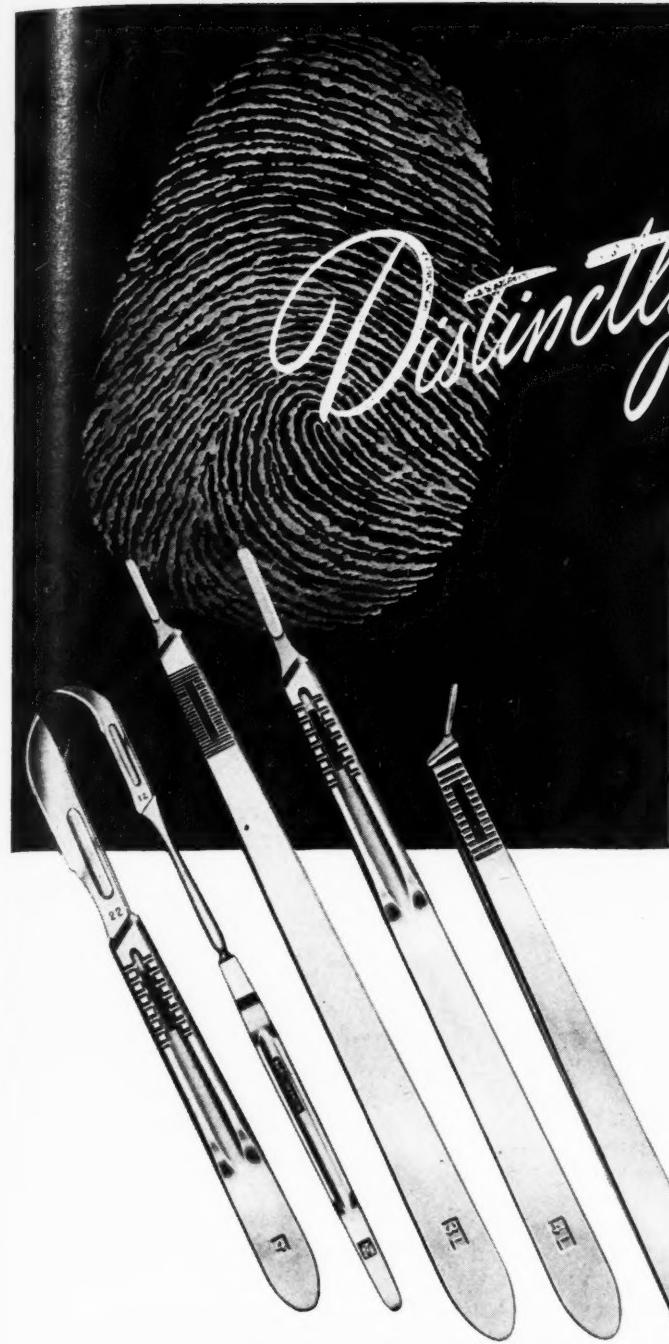
se to be  
g doctors  
r training  
There are  
anywhere  
at gov-

ical De-  
Act will  
any other  
ing to the  
sumer, the  
itself un-  
ds. Tem-  
ry along  
on active  
ire 5500.  
medical  
so that  
their ci-  
ce, there  
r assign-  
have the  
reference

sizes the  
part of  
cine and  
ice must  
of that  
surgeon  
civilian  
Society  
Old War  
up who  
ny Com-  
me 300.  
will be  
e young  
nty-four  
red will  
spite of  
will be  
range of  
et post-  
tutions.

ine

y 700  
e been  
Army  
funda-  
diagnos-  
inten-  
ects of  
ed last  
schools  
nt rep-  
so that  
ses in



#### AVAILABLE PATTERNS INCLUDE—

- Nos. 3, 4 and 7.....For general surgical use.
- Nos. 3L and 4L.....Elongated handles for deep surgery.
- No. 3LA .....An offset, elongated handle for use in hysterectomies.
- No. 9.....A small, finely balanced handle for ophthalmic, plastic and minor surgical use.

*Ask your dealer*

**BARD-PARKER COMPANY, INC.**

Danbury, Connecticut



**A B A R D - P A R K E R P R O D U C T**

For detailed information see our Catalog in 1947-1948 HOSPITAL PURCHASING FILE

## NEWS . . .

### Subscribe \$9,325,000 to Fund Drive for Cleveland Hospitals

All but \$200,000 of the \$9,525,000 capital fund sought to enlarge and modernize fourteen Cleveland hospitals and build four new ones is assured and the remainder is expected in individual subscriptions, Frederick C. Crawford, chairman of the Greater Cleveland Hospital Fund, has reported.

Of the \$9,325,000 total to date, \$8,925,000 represents cash and commitments, while an additional \$400,000 is "conservatively expected from companies which have asked us to come back at the end of the year," Mr. Crawford said.

Almost \$5,000,000 was subscribed by industries, mercantile establishments, and banks doing business in the Cleveland area, while an additional \$1,700,000 represents the contributions of some 140,000 industrial em-

ployees. Various employee groups selected specific parts of the new or enlarged hospitals as the objective of plant campaigns. Particularly popular were units in new hospitals planned for the growing industrial areas in Euclid and near the airport.

The hospital fund organization was formed to sponsor and finance the recommendations reached by a joint committee of the Cleveland Hospital Council and Welfare Federation, following a careful study of community-wide hospital needs and numerous conferences with participating hospitals to fit their programs into the master plan.

Representatives of the Academy of Medicine and a committee of industrialists appointed by the president of the chamber of commerce participated in the deliberations which preceded the announcement of the program. Will, Folsom and Smith, Inc., of New York and Boston was professional fund raising counsel.

### National Health Assembly Convenes

WASHINGTON, D.C.—Hospital development has not kept pace with the nation's need for medical care or with scientific progress in the medical fields, Oscar R. Ewing, Federal Security Administrator, said as the National Health Assembly called by Mr. Ewing at the suggestion of President Truman convened here May 1. Dr. Charles F. Wilinsky, director of Beth Israel Hospital, Boston, and president-elect of the American Public Health Association, was chairman of the hospital facilities section of the assembly.

Mr. Ewing stated that the nation's need for hospital beds and hospital services must be reviewed. He charged that a poor distribution of hospital facilities existed in the country as a whole, and that the present federal hospital construction program will not completely meet these needs.

A group of fifty hospital administrators, physicians and public health workers took part in the hospital facilities section of the assembly. Other groups considered problems having to do with public health departments, professional personnel in the health field, maternal and child welfare, chronic disease, medical care, research, community planning, and industrial health.

### FAIRCHILD FLUORO-RECORD CHEST X-RAY 70 MM CUT FILM NEGATIVES



### FOR STUDYING CHEST PATHOLOGY

Radiologists can now supplement mass radiography with single or stereo 70mm cut film negatives. Routine hospital admissions, clinic patients and industrial plant employees can be X-rayed at any convenient time—for suspected tuberculosis, certain heart ailments and other chest diseases—with the new Fairchild Fluoro-Record 70mm Cut Film Camera.

70mm cut film—which can be developed immediately after exposure—gives sharply defined images for careful detailed study. Its  $2\frac{1}{2} \times 2\frac{1}{2}$  or  $2\frac{1}{2} \times 3$  inch size and resistance to curling make it easy to handle and file.

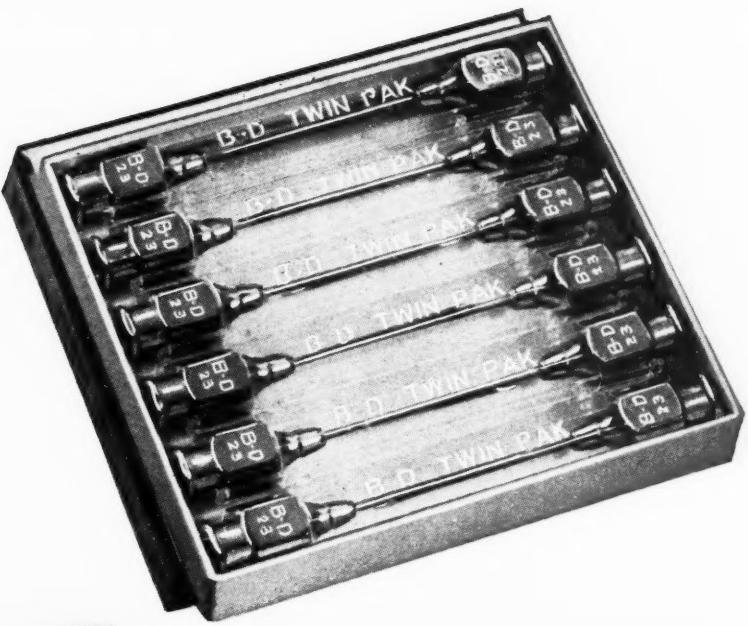
Fairchild's 70 mm Cut Film Camera can be obtained on new photo X-ray units or adapted for use with many types of existing equipment. In either case, it gives you the convenience and economy of widely accepted 70mm film.

The same precisionized electronic and mechanical skill—that ranks Fairchild Aerial Cameras and Navigational Instruments with the world's finest—also produces: 70mm FLUORO-RECORD . . . Cut, Roll and Stereo Film Viewers . . . Roll Film Cameras . . . Roll Film Developing and Drying Units. Also the Chamberlain X-ray Film Identifier. Available thru your X-ray Equipment Supplier.



*Fairchild* CAMERA  
AND INSTRUMENT CORPORATION

88-06 VAN WYCK BOULEVARD, JAMAICA 1, NEW YORK

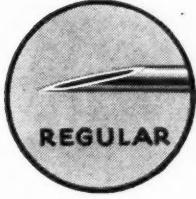


# Extra PROTECTION, CONVENIENCE

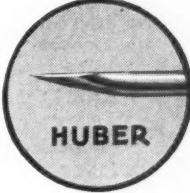
The B-D "Twin-Pak" Needle Container provides adequate protection for your needles . . . plus the extra convenience of having them always accessible.

The B-D "Twin-Pak" Needle Container allows you to use as few as one or two needles at a time as you may prefer by merely breaking off that portion from the main section.

Next time you order hypodermic needles be sure and check into the convenience and added protection of the B-D "Twin-Pak" Container.



Both Regular and Huber point needles are packaged in "Twin-Pak" Container. Be sure you specify which you prefer.



**B-D PRODUCTS**  
*Made for the Profession*

**BECTON, DICKINSON & CO., RUTHERFORD, N. J.**



## ARO-BROM G. S. *the Modern, Non-Specific GERMICIDE*

Pharmaceutical specialists created ARO-BROM G. S. to overcome objections to old-fashioned, strong smelling disinfectants. Widespread use in the nation's hospitals has proved ARO-BROM to be outstanding on two important counts. First, it is highly effective and safe for hospital use. Second, it has proved to be the economical method for large scale disinfection of furniture, bedding and floors.

ARO-BROM, derived from cresol by molecular synthesis, is a mild yet highly effective germicide with a pleasant odor, which quickly disappears in use. It is non-corrosive, non-toxic, completely safe. And its low surface tension gives it excellent penetration characteristics. You can rely on ARO-BROM... and you cut costs when you use this modern, non-specific germicide in your hospital. Write today for details.

**ARO-BROM G. S.**  
is made by the makers of  
**SOFTASILK 571 SURGICAL SOAP...**  
another product of the research  
laboratories of



**The GERSON-STEWART Corp.**  
LISBON ROAD • CLEVELAND, OHIO

## NEWS . . .

### Regular Corps Appointments for Nurses in U.S.P.H.S.

WASHINGTON, D.C.—Examinations began May 10 and will run through June 10 in various cities throughout the country for the appointment of nurses in the regular commissioned corps of the U.S. Public Health Service. Junior assistant nurse officer, assistant nurse officer, and senior assistant nurse officer are among appointments to be made.

Salaries in the commissioned nurse corps are the same as for officers of comparable rank in the army and navy. For officers without dependents annual pay and allowances are as follows: junior assistant nurse officer, \$2955.50; assistant nurse officer, \$3375.50, and senior assistant nurse officer, \$3915.50. These figures include allowances for quarters and subsistence.

Appointments to the regular corps are permanent; however, officers may resign at any time except during time of war or national emergency.

### Indiana Schedules Nursing Short Course

BLOOMINGTON, IND.—A short course on financial problems in schools of nursing, hospital nursing services and public health nursing agencies will be given July 12-23 in the division of nursing education, Indiana University has announced. The course is especially designed for directors of basic nursing curriculums, directors of hospital nursing services, and directors of public health nursing agencies; it should also be of interest to board members of public health nursing agencies, hospital administrators, and college and university administrative officers who are concerned with basic nursing curriculums, it was explained.

### Honor Georgetown U.

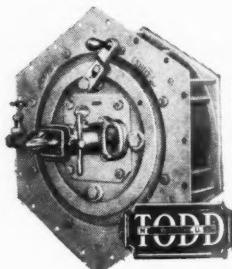
WASHINGTON, D.C.—The Georgetown University Medical School was awarded the Certificate of Achievement for the training of medical officers during the war by the Bureau of Medicine and Surgery, Navy Department. R./Adm. C. A. Swanson commended the university for its vital contribution.

OIL  
ALLOTMENTS  
GO  
FURTHER  
WITH  
**TODD**  
BURNERS



- Stretch your oil supply by replacing obsolete equipment with Todd Burners. Avail yourself of the years of experience of Todd engineers.

*Oil Burners  
Gas Burners  
Combination  
Oil and Gas  
Burners*

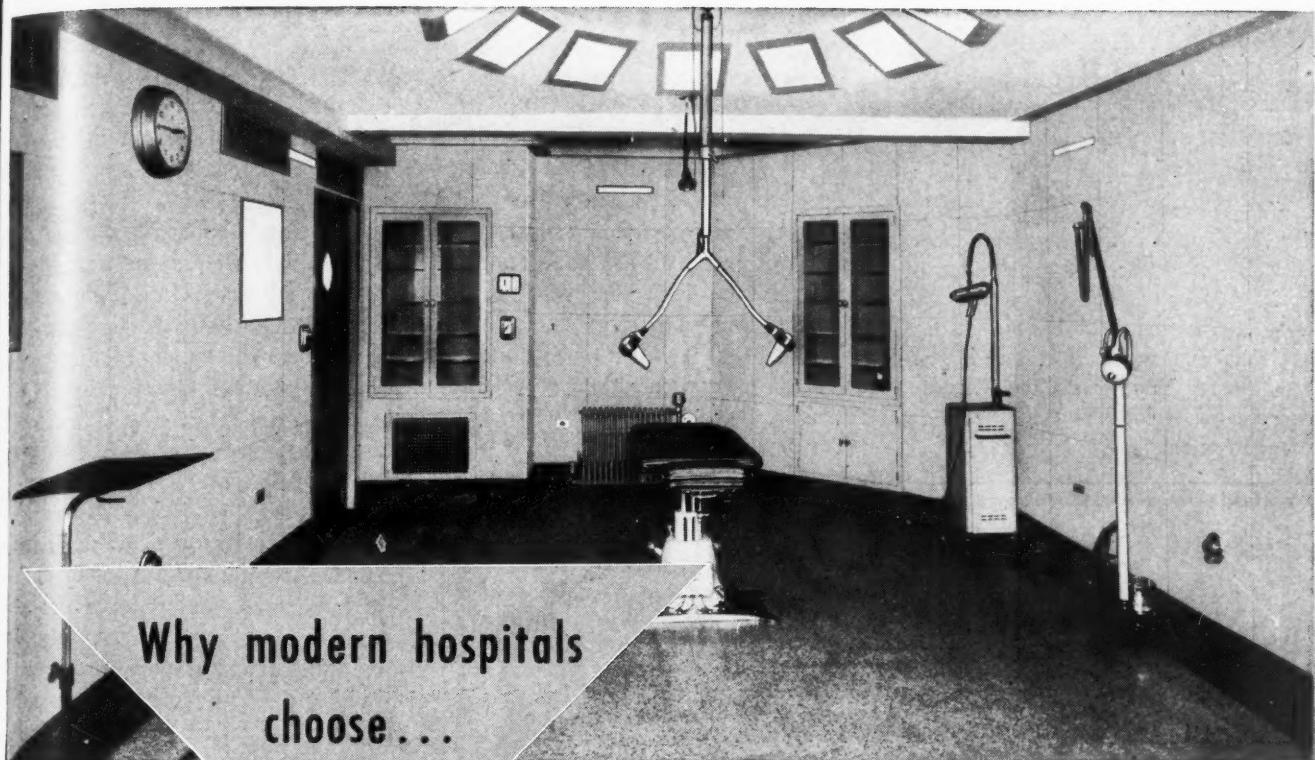


### COMBUSTION EQUIPMENT DIVISION

**TODD SHIPYARDS CORPORATION**

81-16 45th Ave., Elmhurst, Queens, N. Y.

NEW YORK • BROOKLYN • ROCHESTER  
HOBOKEN • NEWARK • PHILADELPHIA  
HARRISBURG • YORK • CHICAGO • CHARLESTON,  
S. C. • BOSTON • SPRINGFIELD, MASS.  
BALTIMORE • WASHINGTON • DETROIT • GRAND  
RAPIDS • TAMPA • GALVESTON • MOBILE • NEW  
ORLEANS • LOS ANGELES • SAN FRANCISCO  
SEATTLE • MONTREAL • TORONTO  
BARRANQUILLA • BUENOS AIRES • LONDON



Why modern hospitals  
choose...

## Carrara Glass

FOR THE WALLS of operating rooms, laboratories, corridors, kitchens, washrooms and private-room baths — Carrara Glass is chosen by modern hospitals for four good reasons: sanitation . . . permanence . . . low maintenance cost . . . beauty.

Not only that. Carrara Glass is a restful, cheerful material. And hospital staffs recognize its collateral value in aiding the quicker response of patients.

Here's an everlasting structural glass. It has a smooth, polished surface—easily cleaned with a damp cloth. No costly maintenance is required

. . . no expensive cleaning preparations, either.

Carrara Glass may be installed in large sections. So, many joint crevices, in which dirt and germs lodge, are eliminated. Carrara will not absorb odors. It's unaffected by grease, grime, chemicals, water and pencil marks. And it can be installed at reasonable cost. Usually, it can be placed right over present walls. That means a minimum of litter and disorder.

In planning new building or modernization, consult with your architect on the merits of Carrara Glass. And for further information, fill in and return the convenient coupon below.

**carrara**  
THE Quality STRUCTURAL GLASS



PAINTS • GLASS • CHEMICALS • BRUSHES • PLASTICS

PITTSBURGH PLATE GLASS COMPANY

Pittsburgh Plate Glass Company  
2172-8 Grant Building, Pittsburgh 19, Pa.

Without obligation on our part, please send us your  
FREE booklet, "Carrara, the Modern Structural Glass  
of Infinite Possibilities."

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## NEWS . . .

### W.H.O. Ratified; Scheele Urges U.S. to Join

WASHINGTON, D.C.—The World Health Organization, now fullfledged with the ratification of its charter by the 26 nations necessary to bring it officially into existence, will hold its first assembly at Geneva, Switzerland, June 24. Russia, Yugoslavia, the Ukraine, Mexico and Byelorussia were among the recent signatories.

Unless something shakes the legislation (House Joint Resolution 161 which would make us a member) out of the House Rules Committee where its immediate consideration was tabled last month, the United States will not be present at this World Health Assembly, except as a visitor. The vote which killed the measure in the rules committee was 5 to 2. It will now take a two-thirds vote of the committee to get the measure to the floor of the House.

The new Surgeon General of the U.S.

Public Health Service, Dr. Leonard A. Scheele, has said: "The United States cannot afford to isolate itself in matters of health. Cancer kills in Moscow just as it does in New York. No disease respects a national boundary. We are not immune because we are Americans."

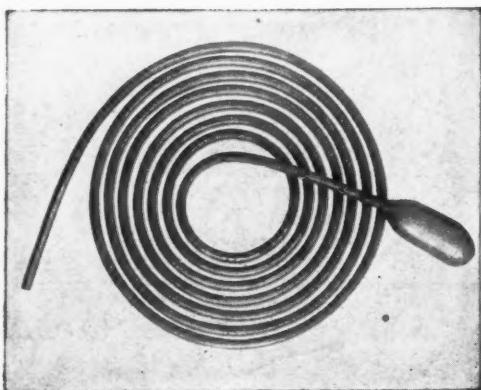
This country has taken a leading part in developing W.H.O. through the Interim Commission which has been in operation almost two years now. Dr. H. van Zile Hyde, alternate U.S. representative, Interim Commission, World Health Organization, has just released an outline of the progress and plans of the commission whose major task has been to lay the groundwork for W.H.O.

The Interim Commission alone proved its value in a number of ways, notably, its epidemiological service in connection with the recent cholera epidemic in Egypt, the studies initiated with a view to modernizing international sanitary and quarantine measures. Its field service has been the largest operating program of the commission—a continuation of the health functions of U.N.R.R.A. It maintains medical missions, varying in size from one to more than thirty experts, in Austria, Greece, China, Ethiopia, Poland, Hungary and Italy.

The commission assigned top priority to certain fields of activity. The disease problems chosen for emphasis have certain common characteristics, i.e. high world attack rates, increased incidence directly resulting from war, and methods of control not widely exploited. The disease entities thus singled out are malaria, tuberculosis and the group of venereal diseases, with special reference to syphilis.

### For more positive INTESTINAL INTUBATION

The  
**CANTOR TUBE**  
Pat. Applied for  
now available in  
**CHILD and ADULT**  
**SIZES**



The CANTOR TUBE is a bag-tipped, mercury weighted, single lumen tube. It is 18 Fr. and 10 feet long. Child size Tube is 12 Fr. and 4 feet long. Its movement down the alimentary tract is actuated by a combination of free-flowing qualities of the mercury and the peristaltic action on the bolus formed by the mercury in the bag. Mercury is given the maximum motility by the loose bag attached distal to the tube. It is the only tube utilizing all the physical properties of mercury.

Tubes are marked as follows to indicate their position: "S" for stomach at the 17" mark, "P" for pylorus at the 24" mark, "D" for duodenum at the 30" mark, then in feet at the 4, 5, 6, 7, 8 and 9 feet marks.

Secondary dilatation of the stomach can be decompressed by withdrawing the tube a short distance, cutting holes in the tube, and allowing the tube to be pulled down by peristalsis at which point the holes will open to the stomach which, on applying suction, will be decompressed.

Replacement bags are easily cemented to the tube.

#### FEATURES . . .

1. *Greater ease of intubation—first, ease of passage through the nares and nasopharynx; and second, ease of passage through the pylorus. Of 100 cases 96% were successfully intubated.*
2. *More efficient decompression—resulting from larger luminal diameter and less possibility of plugging.*
3. *Complete absence of any metal parts which might injure the mucosa.*

- D-110 CANTOR INTESTINAL DECOMPRESSION TUBE, 18 Fr., 10 feet long, with bag attached, with instructions for use. Each \$7.50
- D-110/B BAG for Cantor Intestinal Decompression Tube, with instructions for replacement of bag. (With each dozen bags one tube of D-110/C Cement is supplied without charge.) Each \$ .60, Dozen \$6.00
- D-111 CANTOR INTESTINAL DECOMPRESSION TUBE, child size, 12 Fr., 4 feet long, with bag attached. Each \$7.50
- D-111/B BAG for Child size Cantor Intestinal Decompression Tube. Each \$ .60, Dozen \$6.00

Described by Dr.  
Meyer O. Cantor,  
Detroit, American  
Journal of Surgery,  
July 1946,  
April and June  
1947, March 1948.

**CLAY-ADAMS COMPANY, INC.**  
141 EAST 25th STREET • NEW YORK 10  
Showrooms also at 308 West Washington Street, CHICAGO 8, ILL.



Order from your Surgical Supply Dealer

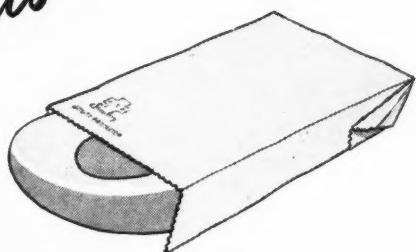
### Time for Legislation

WASHINGTON, D.C.—Introduced March 23 by Senator O'Mahoney was a bill to amend Title VI of the Public Health Service Act to give states a little more time to take the legislative action necessary to qualify for receiving federal aid in the construction of hospitals. The time would be extended from July 1, 1948, to July 1, 1949.

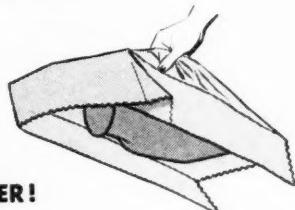
At least half of the states have enacted specific licensing laws which would assure adequate standards for hospitals. It is anticipated that only a very few states will not be able to take the necessary legislative action by July of this year.

## PRACTICAL PAPER COVER

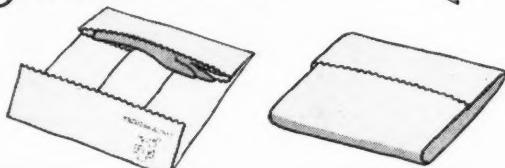
*Cuts laundry costs 8 ways!!*



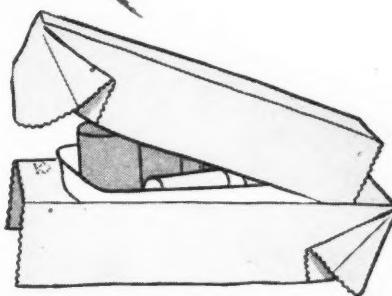
**① NEW A.S.R. SANITARY UTILITY PROTECTOR**  
is a sturdy paper Bedpan Cover!



**② A URINAL COVER!**



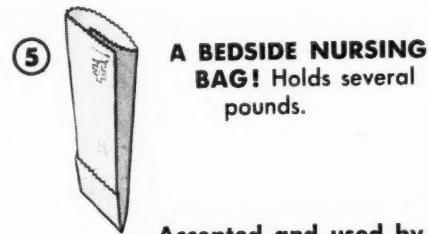
**③ A GLOVE CASE FOR AUTOCLAVING!**



**⑥ A TREATMENT TRAY COVER!**

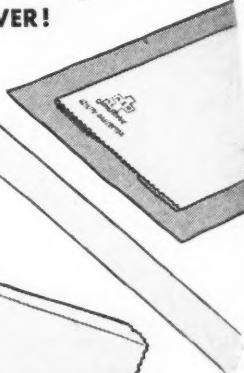


**④ A DRAINAGE BOTTLE COVER  
FOR BEDSIDE USE!** Permits easy inspection by doctors.

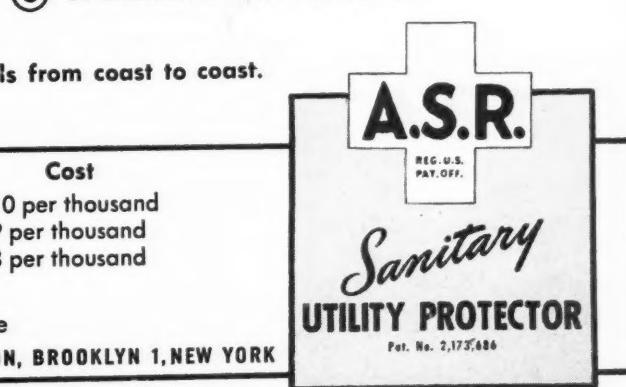


Accepted and used by leading hospitals from coast to coast.

**⑦ AN ENEMA TRAY  
COVER and Bed Protector!**



**⑧ A DOUCHE TRAY COVER!**



### PRICE LIST

Quantity	Cost
One to four thousand.....	\$10 per thousand
Five to nine thousand.....	\$9 per thousand
Ten thousand and over.....	\$8 per thousand

Shipments of 10,000 or over—prepaid.

For more details on above uses—write

HOSPITAL DIVISION . . . AMERICAN SAFETY RAZOR CORPORATION, BROOKLYN 1, NEW YORK

## NEWS . . .

### Costs Headlined at Western Meeting

(Continued From Page 130.)

advocated the "master plan" method of hospital expansion as a long-term economy. Every step in a hospital building program should conform to an overall master plan looking toward the ultimate objective in terms of size and services, he said.

Approaching economy from the standpoint of supply costs and their control,

Everett W. Jones, vice president of The Modern Hospital Publishing Company, said that lack of planned, centralized purchasing and inventory control contributes importantly to excessively high operating costs in many, if not most, hospitals today. Also, he added, hospitals pay a premium for supplies when storage and receiving procedures are not properly organized. The whole purchasing and supply program should be planned far in advance and systematized so that all materials may be or-

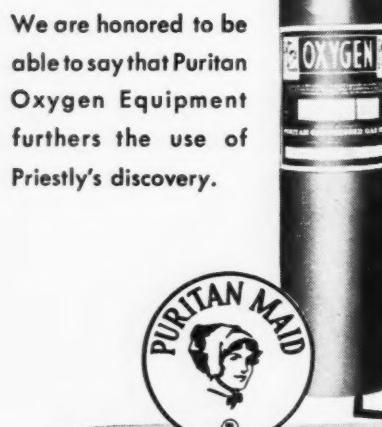
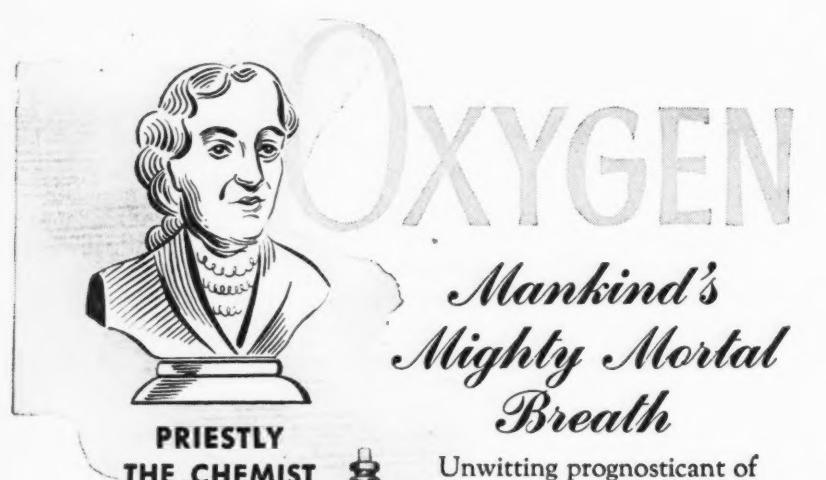
dered in the most economical quantities and stored and requisitioned with the minimum of handling costs, Mr. Jones declared.

Many hospitals fail to take advantage of the survey services offered by a number of manufacturers in the hospital field, Mr. Jones said. For example, some companies furnishing hypodermic needles, syringes, surgical dressings, and other hospital items will study hospital consumption of these items and suggest changes through which substantial economies can be effected. He mentioned specifically the substitution of cotton balls for gauze or cotton felt sponges, and the standardization of surgical needles, as methods which have aided a number of hospitals to cut costs.

In one of the most sensational statements made at a hospital meeting in recent years, Dr. James E. Kahler, pathologist at St. Vincent's Hospital, Los Angeles, said that a 50 per cent increase in the salaries of technical hospital personnel would be necessary to eliminate continuing personnel shortages. The shortage of x-ray, laboratory and physical therapy technicians, in addition to nurses, is seriously impairing hospital services in the United States, Dr. Kahler said. "To bring these services up to normal, hospitals must recruit twice as many semiprofessional people as they are now employing," he declared. "Present relatively low wages are directly responsible for this shortage. While wages in other employment and industries have risen comparably with the increases in living costs, wages of these semiprofessional hospital employees have remained nearly static."

Dr. Kahler's figures were criticized by some of the hospital people attending the meeting. "He is out of date and out of line," one observer said. "The salaries of these people have risen proportionately with everybody else's. They may not be high enough yet, possibly by a considerable amount, but Dr. Kahler's '50 per cent increase' is based on prewar figures."

In another major address which made newspaper headlines, Anson C. Lowitz, New York advertising executive, charged hospitals and doctors with having a "caste system" which has contributed to bad public relations. "Too long, those in the professions have assumed that the rest of the world held them in the same high regard in which they have always held themselves," said Mr. Lowitz, who planned the hospital



**PURITAN COMPRESSED GAS CORPORATION**  
BALTIMORE ATLANTA BOSTON CHICAGO CINCINNATI DALLAS  
DETROIT NEW YORK ST. LOUIS ST. PAUL KANSAS CITY

"Puritan Maid" Anesthetic, Resuscitating and Therapeutic Gases and Gas Therapy Equipment  
PURITAN DEALERS IN MOST PRINCIPAL CITIES

RHOADS & COMPANY PRESENTS

*an Improved Fabric*  
for SURGEONS' GOWNS



**"DREADNAUGHT"**

*finer quality with  
50% more washability*

If you are willing to pay just a *little* more in the beginning  
(about 10%) for your surgeons' gowns

- you'll have *fully half again as much washability*
- you'll be paying *LESS in the long run*
- you'll have the satisfaction of using *BETTER gowns*

A fabric is only as good as its weaker direction.  
In DREADNAUGHT, we have perfected a fine, sturdy fabric that is 51%  
stronger than Jean Twill in the weaker direction, by actual  
tests. That obviously produces a corresponding  
increase in durability and washability in any garment in which it is used.

Since the cost of weaving, sewing, cutting, boxing and  
shipping surgeons' gowns is the same *regardless*  
*of the quality of the fabric*, it is plain to see how we can offer  
a *lot* more value for a very *small* increase in price.

Prices, F.O.B. Phila.: one dozen \$35.50; 12 dozen at \$33.80;  
24 dozen at \$32.80; 48 dozen at \$31.95. With or without Stockinette  
cuffs. Medium or large size. Samples on request.

**IMMEDIATE DELIVERY**

If you'd rather phone your order, don't hesitate to  
reverse the charges. The number is WALnut 2-8922.

**RHOADS & COMPANY**

*Philadelphia*

FIFTY-SEVEN YEARS OF DEPENDABLE SERVICE TO HOSPITALS



## NEWS . . .

careers recruitment campaign for the Advertising Council. "If nurses, hospital personnel or school teachers actually enjoyed the public esteem to which they are rightfully entitled, problems of compensation, hours and shortages would not exist today," Mr. Lowitz continued. His address was made at a luncheon meeting of the Los Angeles Advertising Club and hospital executives attending the convention.

"Doctors, nurses and hospital people fail to comprehend the public because

they spend most of their waking hours dealing with individuals rather than groups; they can't see the wards for the patients," Mr. Lowitz continued. "In business, the customer is always right. In a hospital the fellow who pays the bills is never right; he is just 'doing nicely.'" He advised the hospital group to look outside its "own little world and take an active interest in the community as a whole. The sooner professional people understand the community, the sooner the community will un-

derstand them and their problems," he concluded.

Voluntary hospitals might be "smothered out" by the federal hospital system which could take root from the present Veterans Administration hospital program, Graham L. Davis, president of the American Hospital Association, charged in a talk on hospital-government relations. Proposed additions to the Veterans Administration hospital construction program would result in a huge federal hospital system, Mr. Davis said, which "could conceivably bring about federal control for all hospitals and compulsory health insurance. The power of the federal government could then be used to smother out local community hospitals," Mr. Davis declared.

As he has in hospital convention addresses at several other meetings in recent months, Mr. Davis pointed out the inconsistencies of the U.S. Public Health Service hospital construction program aimed at developing an integrated system of voluntary and local hospitals and of the Veterans Administration system—both supported by appropriations approved by the same Congress. As a matter of fact, Mr. Davis concluded, "it is doubtful that there is any justification for the federal government operating hospitals at all, except perhaps for the armed services."

### Talks on Atomic Problems

The Western Hospitals' banquet speaker was Dr. Stafford L. Warren, dean of the medical school at the University of California at Los Angeles. Dr. Warren, who was a member of the special medical commission which visited Hiroshima and Nagasaki following explosion of the atom bombs there in the concluding phases of the war, described the medical effects of atomic explosion. An atomic war between two major powers could destroy civilization, Dr. Warren said. He described the types of injury and disability which hospital and medical people would have to treat in event of attack by atomic bombs, mentioning first the obvious effects of blast and burns, then proceeding to discuss the damage done by radiation. Even among those who survived the early effects of radiation injury, Dr. Warren said, physiological defects might continue to emerge throughout the patient's lifetime and perhaps be transmitted to the second and third generations.

## LIFE-LONG "TWELVE"

*A Breathing Mattress With A 12-Year Guarantee*

Warranted  
to Cost  
Around 3/4 c  
a Day



This new mattress is winning deserved popularity in the hospital field.

New design—new features. Every inch a thoroughbred in quality. Each Life-Long "Twelve" carries a 12-year warranty guarantee. Don't buy until you ask your hospital supply dealer for specifications.

**HARD MANUFACTURING CO.**

*"72 Years Young"*

Manufacturing for Hospitals and Institutions, Exclusively

Beds, Bedding and Furniture

Buffalo 7, New York

# Announcing Flo-Cillin

**Crystalline PROCAINE PENICILLIN G in Oil**  
(300,000 units per cc.)

**With Aluminum Monostearate 2%**  
*In Thixotropic Suspension*

*A new and unique penicillin repository product  
which combines:*

- 1 Exceptionally sustained blood concentrations.
- 2 Maximum ease of administration.
- 3 Thixotropic suspension insures uniformity of dosage.
- 4 Instantly liquefied *without* prolonged shaking.

*Watch for full details in an early  
announcement by mail.*



*Ross Garrett*

AND ASSOCIATES



SERVING HEALTH ORGANIZATIONS

HOSPITAL CONSULTANTS

INCORPORATED

A DIVISION SERVING HOSPITALS

*Management and Medical Administrative Assistance Timed to Trends*

## ANNOUNCE

THE OPENING OF NEW EXECUTIVE OFFICES

LOCATED AT

737 NORTH MICHIGAN AVENUE

CHICAGO 11

1 MAY 1948

SUPERIOR 3844

## CARE FOR MORE INFANTS ON A WARD

Maximum protection against Droplet, Air-borne or Contact Infection  
with the

### ISOLETTE\*

— the new Chapple Incubator-Isolation unit

Each Isolette\* is the equivalent of a room in circulating air volume and in protection afforded. Hospital bed capacity can therefore be greatly increased in the same space. Since filtered fresh air is introduced from outside and circulated at positive pressure within the clear Plexiglas dome, no use is made by the infant of the air in the room.

Temperature, humidity and oxygen concentration controlled at levels required for each infant.

Hospital personnel work at normal room temperature and humidity with no need of gowning or masking.

These are but several of the features of  
the new Chapple incubator-isolation unit...

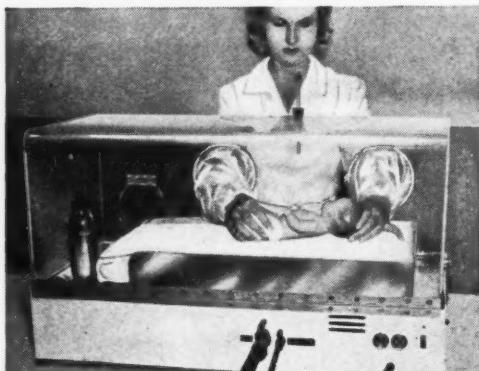
### The ISOLETTE\*

For complete details and prices, write:

AIR-SHIELDS, INC.

\*Trade-mark

HATBORO, PA. (Metropolitan Philadelphia)



## NEWS... U. of Iowa Hospitals to Have School for Crippled Children

IOWA CITY, IOWA.—The Rev. W. B. Schoenbohm has been appointed director of a new hospital school for severely handicapped children now being organized at the State University of Iowa Hospitals, it was announced last month. Rev. Schoenbohm, now in charge of the Crippled Children's School, Jamestown, N.D., has been granted a year's leave of absence by that institution in order to assist in the planning and organization of the new Iowa school.

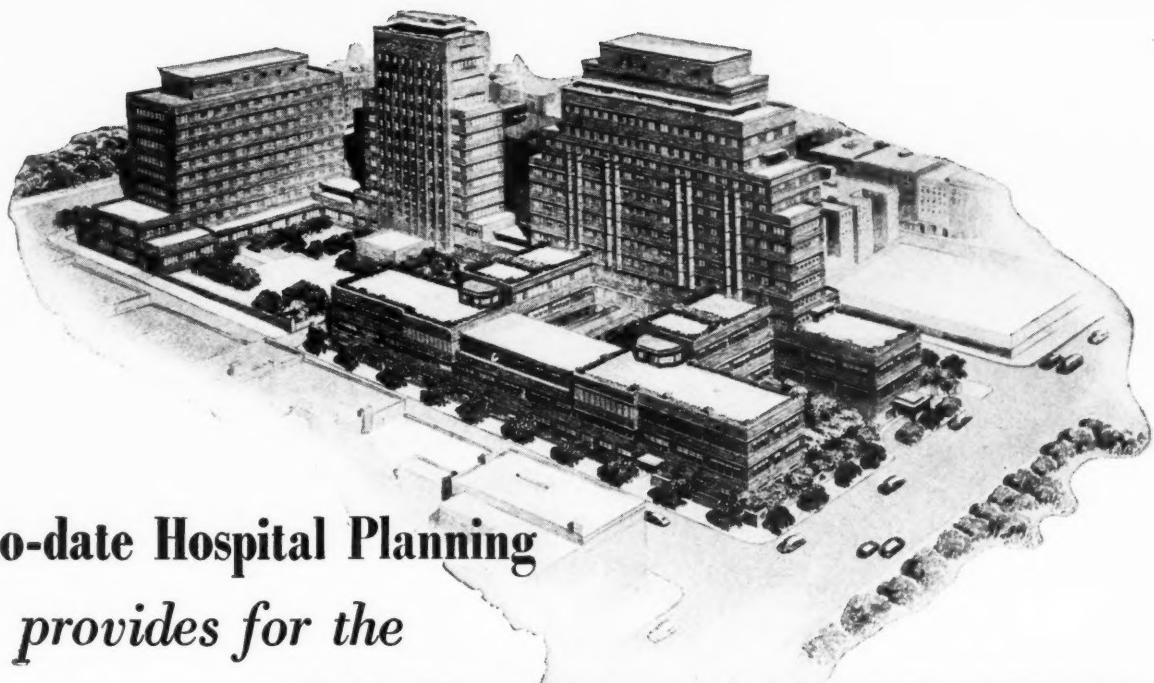
The legislature of the state of Iowa has appropriated \$500,000 for initial development of the school. Pending construction of a permanent building, temporary quarters in an existing structure adjacent to the University Hospitals are being remodeled to accommodate from 15 to 20 children and are expected to be ready by July 1. Facilities will include sleeping and living quarters, classrooms and equipment for physical therapy and occupational therapy. All medical and other professional services of the University Hospitals will be available to the school.

## St. Luke's Hospital to Make Appeal for Financial Aid

NEW YORK.—The first public appeal for financial aid in the ninety-year history of St. Luke's Hospital here will be made following a detailed study of hospital needs now being carried on, Lincoln Cromwell, president of the hospital board of managers, said last month. According to present estimates, a fund of approximately \$4,000,000 will be needed to expand plant facilities and maintain the hospital's standard of service, it was explained.

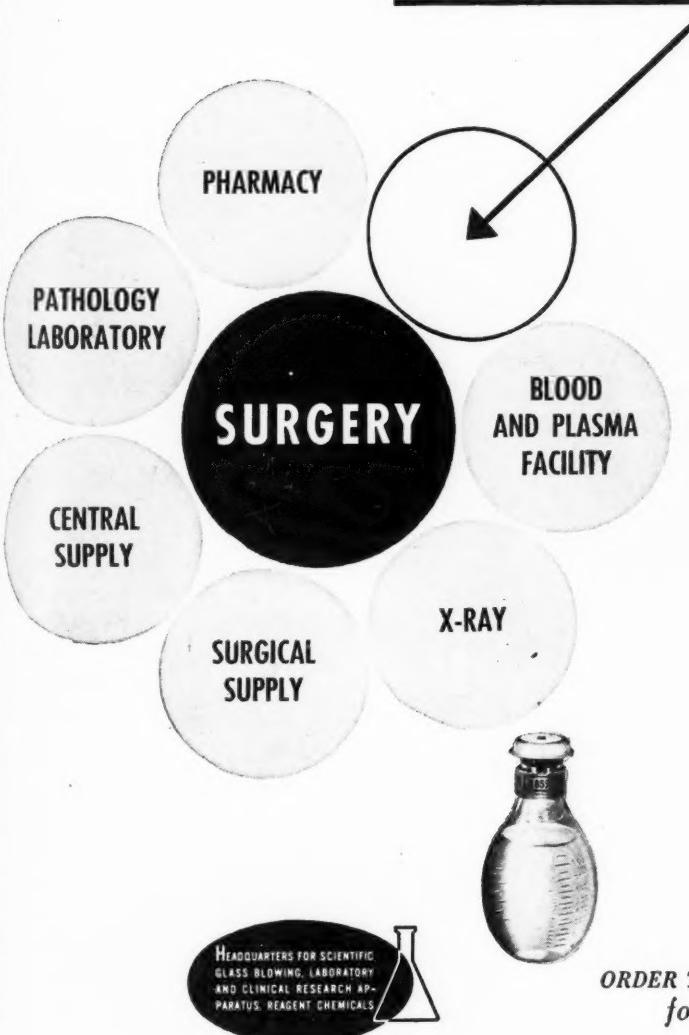
"No appeal to St. Luke's has ever been denied a sick man, woman or child because he or she could not pay in full or in part," Mr. Cromwell declared. He said St. Luke's had the worst year in its history financially in 1947 with a net operating loss of \$350,000.

Hospital needs include more room for the outpatient department, laboratories, x-ray and other services, a cancer detection clinic, and emergency ambulance service, it was explained.



**Up-to-date Hospital Planning  
provides for the**

**FLUIDS PRODUCTION SUPPLY**



This indispensable department serves to centralize equipment for the preparation of surgical solutions, whole blood and plasma facilities.

**FENWAL EQUIPMENT**

is the installation of choice of many leading hospitals throughout the world, who enjoy the benefits of low-cost surgical solutions, as required. Of economic significance, a major proportion of Fenwal Parenteral Fluid equipment is essential to the blood bank facility as well.

The simplicity of Fenwal equipment is such that it can be accurately and safely operated by any trained attendant. The Fenwal technic of producing sterile fluids is actually far less difficult than that of collecting blood and producing plasma. The service and economies afforded suggest a Fenwal equipped FLUIDS PRODUCTION SUPPLY as a logical "must."

*ORDER TODAY or write immediately  
for further information*



**MACALASTER BICKNELL COMPANY**

243 Broadway

Cambridge 39, Massachusetts

ev. W. B.  
inted di-  
school for  
ren now  
the Univer-  
was an-  
Schoen-  
Crippled  
n., N.D.,  
ve of ab-  
order to  
ganization

of Iowa  
or initial  
Pending  
t build-  
an exist-  
Univer-  
dealed to  
children  
by July  
ing and  
d equip-  
occupa-  
nd oth-  
Univer-  
e to the

appeal  
ear his-  
will be  
of hos-  
n, Lin-  
hospita-  
month.  
a fund  
will be  
es and  
of serv-

as ever  
r child  
in full  
d. He  
r in its  
a net

om for  
ories,  
detec-  
ulance

PITAL

Vol. 70, No. 5, May 1948

## NEWS . . .

### Charles Newell Heads Mid-West Association

(Continued From Page 132.)

chases six months to a year in advance of need and thus help industry work out its production schedules most economically.

Use of professional nurses for non-professional duties in the hospital was deplored by Dr. Franklin D. Murphy. Dr. Murphy, dean of the University of Kansas School of Medicine, added his

support to the movement for training additional auxiliary personnel in the nursing fields.

Katharine J. Densford of Minneapolis, president of the American Nurses' Association, also spoke in favor of developing more programs for practical nurse and nurse's aide training. She emphasized the need for making nurse examining board regulations flexible enough to permit more training programs to be inaugurated.

Miss Densford advocated the addition

of nursing care to prepayment health plans and said federal aid was needed for support of nursing education.

"Settle your differences in private and present a united front to the public," warned Anson Lowitz, vice president of J. Walter Thompson Co. and director of the advertising counsel, hospital careers recruiting campaign for 1948, in another convention address. Mr. Lowitz said that contradictory statements by nursing officials in the public press are endangering public confidence in the whole structure of nursing and hospital service. "Keep your fights behind closed doors," he urged.

Hospital employees must be led, not pushed, into enthusiasm for their work, Milton Morales, personnel manager, Puritan Compressed Gas Corporation, Kansas City, said in a talk on employee training at a meeting of the personnel section. Personnel programs should have the active support and interest of top administration and supervisory executives, Mr. Morales said. The hospital personnel policy should be carefully planned and based on long-range needs, he declared.

In a discussion of hospital retirement programs, Sam H. Ourbaker, field director, National Health and Welfare Retirement Association, Inc., New York City, criticized the "do nothing policy" of many hospitals which are waiting for hard times to reduce labor costs. Labor is the most important factor in the national economy, representing the greater part of the cost of manufactured articles and service in industry, he said. He urged hospitals to plan and finance retirement programs for employees as a necessary step in the improvement of labor relations.

### Approve 230 Applications

WASHINGTON, D.C.—The total number of approved applications under Public Law 725 on April 16 was 230 projects, the Division of Hospital Facilities, U.S. Public Health Service, reported. Of this number, 17 were listed as "completed applications" and the remaining 213 were approved as "initial applications."

Estimated total cost of the approved projects is \$111,348,566; of this amount the share to be furnished by the federal government under the law is \$32,270,044.

## SHAMPAINE ALL-STEEL BEDSIDE TABLES

**Feature High Quality  
at Low Cost**



S-2103  
**PARAGON BEDSIDE TABLE**  
Enclosed model with drawer and door. Removable shelf. Ventilated.

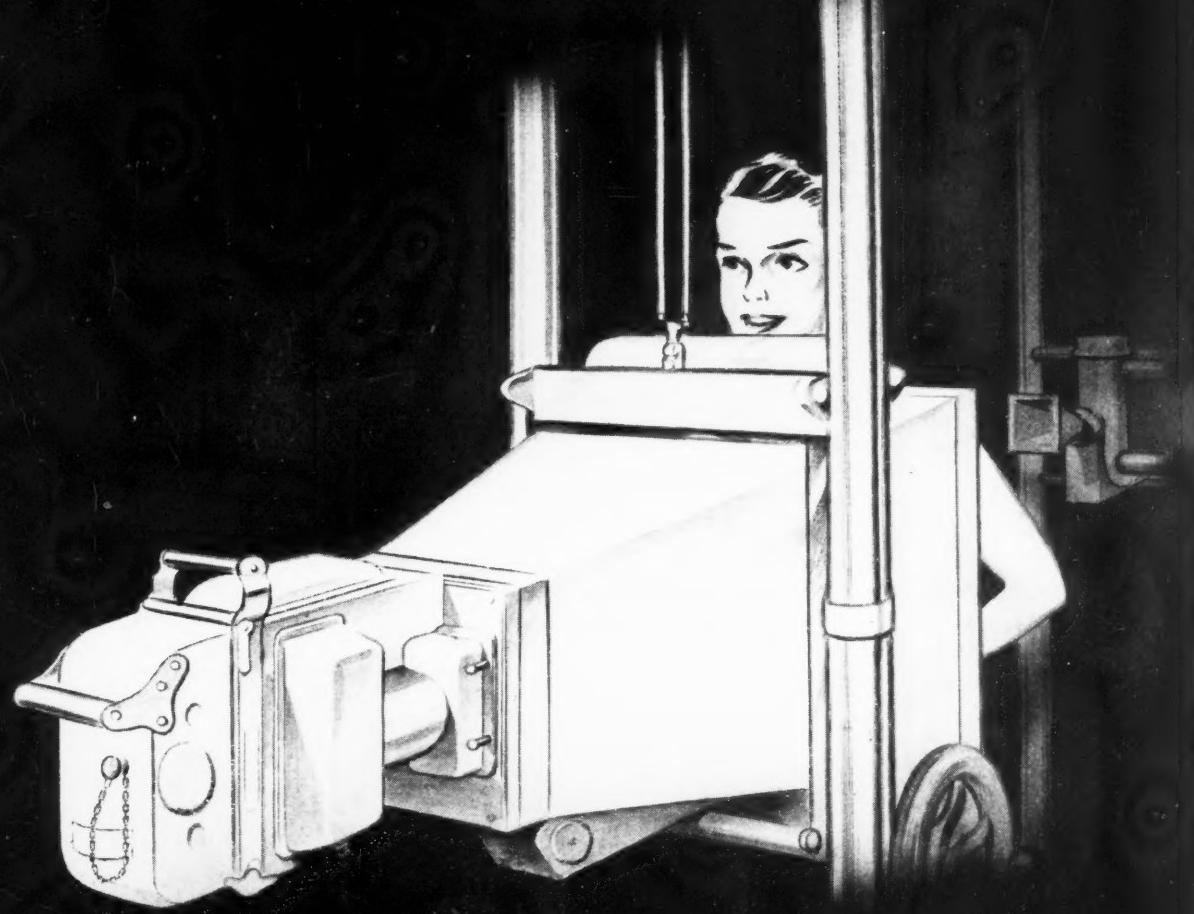
S-2163  
**DUPLEX BEDSIDE TABLE**  
Patented combination bed-side table. Conveniently disappearing overbed tray.

Standardization of design improves the quality—reduces the cost. Sturdy heavy-gauge, one-piece steel electrically welded for longer wear. Attractively styled with rounded corners, concealed hinges and other advanced features. Shampaine designed expressly for long-time institutional use.

Sold by your surgical or hospital supply dealer

**SHAMPAINE CO. ST. LOUIS, MO.**

# USE NEWEST TECHNIQUES in mass radiography

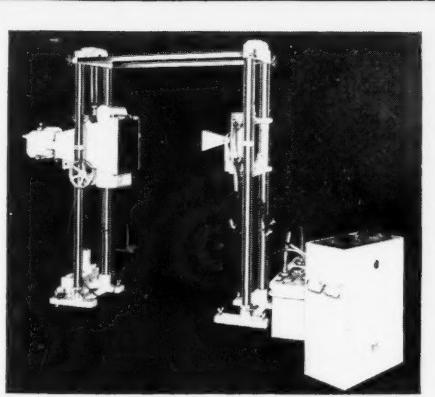


## *... with the* **KELEKET PHOTOCRON**

Design of the Photocron X-Ray Unit has kept pace with advances in mass-radiography. Technic is simplified, speeded and made more economical . . . new safeguards assure perfect exposure.

In a single operation, patient is positioned, tube, screen and camera are adjusted. Then, press the button . . . and you're ready for the next patient. 70mm roll film, accommodating from 375 to 400 exposures per roll, produces clear, readable radiographs.

The "Photocron" can be permanently installed in hospital, clinic or industrial plant. This unit may be quickly assembled or disassembled for transportable use, or installed in a truck for mobile use. Ask your KELEKET representative or write for Bulletin 114.



**The KELLEY-KOETT Manufacturing Co.**



2075 WEST FOURTH ST.  
COVINGTON, KY.

## NEWS . . .

### Study Establishment of Medical Service School

WASHINGTON, D.C.—A bill to establish a national service school, supported by federal funds, for the training of doctors, dentists, nurses, laboratory assistants and other technical personnel is under discussion, Senator Thomas of Utah revealed in an interview here. The senator said he had sounded out the idea on university presidents, on au-

thorities in medical education and other outstanding individuals. A committee is already at work studying the possibilities of such legislation.

Senator Thomas pointed out that doctors, nurses and others trained in the national service school would supply the medical personnel required for the armed forces, Veterans Administration and Public Health Service. With these needs thus met, the constant drain of doctors, nurses and dentists from the civilian population would be eased.

Graduates of the school, like those of West Point or the Naval Academy, would be expected to serve their government a specified length of time and on occasions of national emergency. Some such provision as that made in the cadet nurse corps bill would cover service requirements.

### P.H.S. Sets Up Unit on Institutional Statistics

WASHINGTON, D.C.—The annual census of patients in mental institutions, formerly conducted by the Bureau of the Census, has been transferred to the Mental Hygiene Division of the U.S. Public Health Service, Oscar R. Ewing, Federal Security Administrator, announced. An Institutional Statistics Unit has been established in the Statistics and Special Studies Section.

In addition to continuing the census of patients in mental hospitals and institutions for epileptics and the mentally defective, plans are now being made to enlarge the census of psychopathic hospitals and psychiatric services in general hospitals, and to include a census of mental hygiene clinics operated under federal, state and local government and fraternal and private auspices.

### Colman Heads Commission

CHICAGO.—J. Douglas Colman, director of Maryland Hospital Service, Baltimore, and Louis H. Pink, president, Associated Hospital Service, New York, were elected chairman and vice chairman, respectively, of the Blue Cross Commission of the American Hospital Association last month. With Abraham Oseroff, vice president, Hospital Service Association of Pittsburgh, commission treasurer, Colman and Pink make up the commission's executive committee.

### Six to Receive N.U. Degree

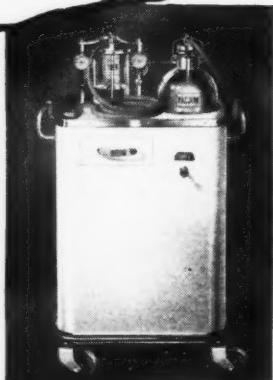
CHICAGO.—Six students qualified for degrees in hospital administration from Northwestern University in February, according to an announcement by Dr. Malcolm T. MacEachern, director of the program in hospital administration. The February graduates, whose degrees will not be conferred until commencement in June, were Kenneth E. Brooks, David V. Carter, Howard F. Cook, Rafael A. Cruz-Ginorio, George G. Dubach and Henry X. Jackson.

## Put this APPROVED PROTECTION in your operating rooms!

GOMCO hospital suction and ether administration equipment uses Underwriter-Approved CROUSE-HINES explosion-proof switches.

The use of explosive anesthetics has become of much concern to hospital and municipal authorities, as well as to fire and casualty insurance companies. The hazardous locations are not confined to the rooms in which the anesthetics are stored or used, but as determined by the National Fire Protection Association, may extend horizontally a distance of ten feet from the doors opening into such rooms and to a height of seven feet above the floor. Electrical installations and equipment should conform to the requirements of Class I, Group C locations as set forth in Article 500 of the 1947 National Electrical Code (atmospheres containing ethyl ether vapors). Equipment which is approved only for Group D (atmospheres containing gasoline or similar vapors and gases) is not suitable for Group C locations. Crouse-Hinds explosion-proof CONDULET electrical hospital equipment meets the Code requirements for both Class I, Group C and Group D locations.

• Explosion-proof motor and switch are your assurance of safety in this highly convenient, long-lasting GOMCO No. 927 Suction and Ether Cabinet unit in enamel with stainless steel top and chrome-plated fixtures. Your dealer can tell you about this SAFE aid to your operations . . . or write us.

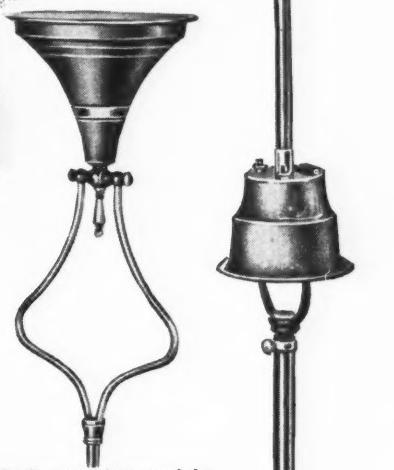
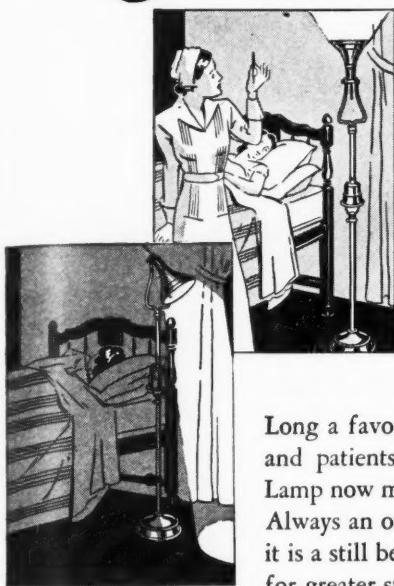


**GOMCO SURGICAL MANUFACTURING CORP.**

824H E. Ferry St., Buffalo 11, New York

**GOMCO EQUIPMENT**  
*Fostering Improved Techniques*

# A BETTER BEDSIDE LAMP FOR Better Lighting



Shade turned to upright position for indirect lighting. Hardened steel stop in harp prevents shade turning over.



Redesigned Night Light Dome, with two handy push-button switches and convenience outlet.

Long a favorite both with hospital staff personnel and patients, the Will Ross Convertible Bedside Lamp now makes a bid for even more ardent favor. Always an outstanding leader in its field . . . today it is a still better lamp — redesigned and improved for greater strength and a broader scope of bedside utility. And — it meets every requirement of the Underwriters' Laboratories, Inc., as well as the rigorous demands of hospital service.

For greater convenience the Night Light Dome is equipped with a convenience outlet for plugging in radio, electric razor, etc., and two handy switches are placed within easy reach of the patient.

From a utility standpoint which, after all, is the basic reason for its purchase, this Lamp provides:

- **Clear, uniform Direct Lighting for reading, examinations, or applying dressings;**
- **Broadly diffused, glare-free Indirect Lighting for general illumination;**
- **Softly Subdued Light for night service.**

There are many more details about this improved Bedside Lamp that you will find interesting. Make a note to ask the Will Ross representative about the K-666 Lamp when he calls.



# WILL ROSS, INC.

*Manufacturers and Distributors of Hospital and Sanatorium Supplies and Equipment*

MILWAUKEE 10, WISCONSIN

## NEWS . . .

### First Stable Isotopes Sent to Laboratories

WASHINGTON, D.C.—The first shipments of stable isotopes from facilities of the Atomic Energy Commission at Oak Ridge, Tenn., for use in research laboratories in the United States were made recently. More than 100 stable isotopes of 29 elements are available for distribution of this sort. Stable isotopes will be furnished the laboratories only on a loan basis because the supply is

limited and the production cost is high.

Research studies with stable isotopes will bring, it is hoped, new peacetime benefits in several fields of investigation. They may be used: as tracers in medical and biological studies where radioactive isotopes cannot be used owing to the harmful effects of radiation on active tissues; as tracers in medical, biological and agricultural studies where the radioisotope is not suitable; as spectroscopic studies of individual isotopes, and in other investigations.

Distribution of the stable isotopes will be in addition to the distribution of radioisotopes which was started in August 1946. Shipments of radioisotopes to research laboratories in this country and abroad totaled approximately 1500 on December 1.

### Medical Groups Agree to Army Affiliation

WASHINGTON, D.C.—Eleven medical schools and hospitals have signed agreements with the Department of the Army to sponsor affiliated units of the medical department, an official of the surgeon general's office said recently. It is anticipated that many more institutions will join up soon.

Among medical schools which have completed negotiations to sponsor affiliated units are those of the Universities of Texas, Illinois, Wisconsin, Marquette, Ohio State, Duke and Baylor.

Hospitals which have signed agreements are: Mount Sinai, New York City; Cook County, Chicago; Rochester General, Rochester, N.Y., and Boston City Hospital.

### Open Free Psychiatric Clinic in Maryland

WASHINGTON, D.C.—A free psychiatric service, first of its kind in the nation, has been opened for all residents of Prince Georges County, Maryland. It is being operated jointly by the U.S. Public Health Service and the Maryland State Department of Health. With a grant of \$40,000 from the Public Health Service, the clinic is part of a country-wide mental health program brought into being with the National Mental Health Act of last year.

The clinic's services are free to anyone with any sort of psychological problem and there are no restrictions as to age-group, race or color.

### U.H.F. Exceeds Goal

NEW YORK.—The 1947 campaign of the United Hospital Fund exceeded its goal, William H. Jackson, president of the New York Hospital and general chairman of the campaign, announced recently. Receipts in the campaign were \$2,388,672, Mr. Jackson said. He added that 20,000 new contributors participated in the campaign.

It Will Meet  
Your Approval Too—

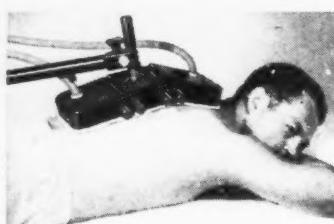
### The Council Accepted **BURDICK X 85** SHORT WAVE DIATHERMY

The crystal-controlled, powerful Burdick "X 85" has received authoritative first recognition by all four of the following\*—prompt assurance of its superior features.

- \* F.C.C.
- \* Council on Physical Medicine of the A.M.A.
- \* Underwriters' Laboratories
- \* Canadian Department of Transport



When you see it perform clinically, you will be equally impressed with its clinical deep-heating properties and stability of operation.



### The **BURDICK** CONTOUR APPLICATOR

**The Burdick Contour Applicator**—for flexibility and efficiency of operation—now standard equipment on the "X 85." See the Burdick "X 85" Short Wave Diathermy at the showrooms of your local Burdick dealer, or write us direct, The Burdick Corporation, Milton, Wisconsin, for descriptive literature.



**THE BURDICK CORPORATION**

The Co  
cooling)  
ture w  
average  
60 seco  
the can  
low nor  
in 18 m  
be lowe  
fully au  
tain th  
and wi

The  
gen adm  
fortable

Doct  
sonnel  
Contin



# HOW FAST CAN YOU PROVIDE COOLED OXYGEN? IN AN EMERGENCY?

The Continentalair, (without pre-cooling) will reduce the temperature within the canopy at an average rate of 1° per minute. In 60 seconds the temperature inside the canopy will begin to lower below normal room temperature and in 18 minutes the temperature can be lowered from 90° to 65°. The fully automatic control will maintain the temperature indefinitely and without further adjustment.

The desirability of prompt oxygen administration under cool, comfortable conditions are obvious.

Doctors, nurses and hospital personnel prefer the new Model 3000 Continentalair because:

- 1 It is compact, easy to move in and out of elevators and from one location to another.
- 2 Air outlets are adjustable to permit delivery of air and oxygen within the canopy at position most desired for comfort.
- 3 Operating panel includes a temperature regulating control, which is preset to desired temperature.
- 3a Temperature indicating instrument which legibly shows temperature within the canopy.
- 3b An air volume control which may be adjusted for desired rate of air flow.

For further information about the new Continentalair, write



**CONTINENTAL HOSPITAL SERVICE, INC.**  
18636 DETROIT AVENUE . . . CLEVELAND 7, OHIO

## NEWS . . .

### Committee to Study Medical Care in D.C.

WASHINGTON, D.C.—The District Medical Society is in the process of setting up a committee to look into the quality of medical care given to patients in public institutions. Dr. Raymond T. Holden said in a recent interview. Although Representative Miller's criticism of District institutions' care of the sick and aged sparked the committee's creation, the medical society had

already set up machinery for such a group, Dr. Holden declared.

In *Medical Annals* for January, Congressman Miller, himself a physician, said, "Too frequently we doctors are a short-sighted lot. We tend to forget the dual nature of our responsibility—that obligations rest upon us as citizens as well as medical men." He added that doctors of the District have overlooked their civic duties with respect to the quality of medical care given in public institutions here. He recommended that

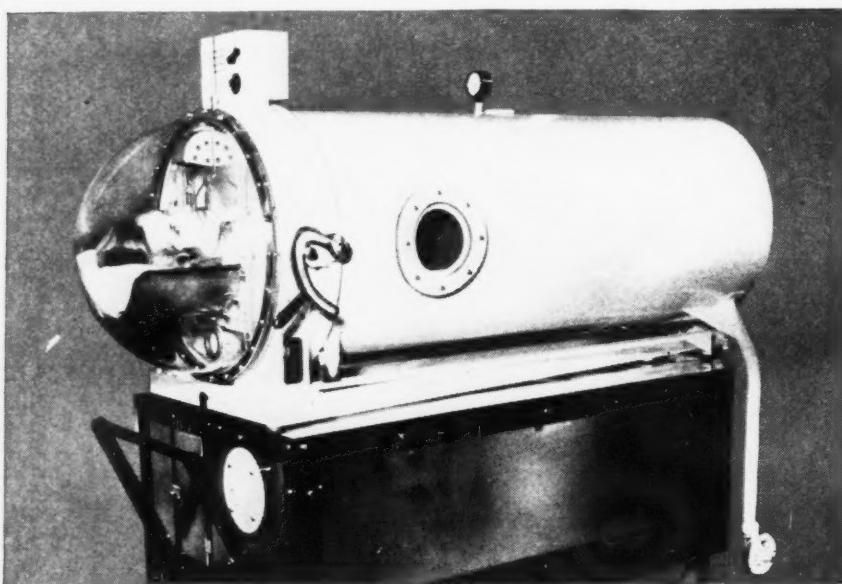
the medical society develop a program of regular inspection trips to such institutions.

### Approve First Plans for U.S.P.H.S. Hospital

WASHINGTON, D.C.—Preliminary plans for the 13 story main building of the proposed research hospital for the U.S. Public Health Service have been approved, according to a U.S.P.H.S. official. The National Capital Park and Planning Commission approved the plans subject to later revisions.

Congress has already appropriated some \$2,500,000 for the purchase of land and the preparation of plans for the 500 bed research hospital. It will have 150 beds for the study of patients suffering from heart ailments, 150 for cancer, 150 for mental and fifty for other diseases. The research laboratories will be located in the same building.

The research hospital center will be located on the Rockville Pike, north of Bethesda, Md.



### EMERSON LUNG IMMOBILIZER

for treating tuberculosis by lung rest without surgery or pneumothorax.

In use in New York, Yonkers, and Poughkeepsie, N. Y., Northampton, Mass., Powers, Mich., Chicago, Ill., Winnebago, Racine, and Kenosha, Wis., and Decatur, Ala.

"... continuous arrest of voluntary respiration took place and no changes in chest volume were discerned . . . immobilizing the lung helped to bring about a stabilization of the disease and to initiate a recovery process . . . In every instance the patient himself liked the treatment . . . in 10 patients with advanced pulmonary tuberculosis . . . 5 patients became clinically well and were discharged as able to work . . . recovery took place in cases that had shown no response to routine measures."

Alvan L. Barach, M.D., in *Am. Rev. Tuberc.* XLII:5 (Nov.) 1940, XLIII:1 (Jan.) 1941, and LII:2 (Aug.) 1945.

"... All four, desperate cases indeed . . . following lung immobilization treatment, there has occurred definite improvement . . . the additional chamber enables us to increase the number of patients to undergo this form of treatment to eight . . . No difficulty has been experienced in operating the chambers around the clock . . ."

G. L. Bellis, M.D., in an Address to the Sanatorium Superintendents' Ass'n and Sanatorium Trustees' Assn. at Winnebago, Wisconsin, Sept. 13, 1947.

For information and reprints write:

J. H. EMERSON CO.

22 Cottage Park Ave.

EMERSON RESUSCITATOR  
EMERSON HOT PACK WARMER

CAMBRIDGE 40, MASS.

EMERSON RESPIRATOR AND PLASTIC DOME  
RESEARCH APPARATUS

### Workshop for Librarians

INDIANAPOLIS.—The first advanced workshop for registered medical record librarians was presented at Indiana University Medical Center here last month by the American Association of Medical Record Librarians. Twenty-seven record librarians from fourteen states made up the group, led by faculty members, department heads and doctors from Indiana University School of Business, the University group of hospitals and Indiana University Medical School. The course was laid out with the problems of the record librarian in larger hospitals in mind and included such subjects as departmental organization, job analyses, principles of employe selection, on-the-job training, effective writing of reports, and applied psychology.

### V.A. Buys Chicago Site

CHICAGO.—Acquisition by the Veterans Administration of a 13 acre site in the west side medical center district here has been authorized by President Truman. Construction of a 1000 bed general hospital for the Veterans Administration is planned for the site. Estimated cost of the project is \$25,000,000.



## When these PARASITES STRIKE **KWELL OINTMENT** IS SPECIFICALLY INDICATED

Scabies and pediculosis are rapidly brought under control by Kwell Ointment. One application usually suffices in the majority of patients, regardless of the extent of the invasion. No single instance of dermatitis or skin irritation due to the active ingredient has been reported. Kwell Ointment contains the gamma isomer of 1,2,3,4,5,6-hexachlorocyclohexane (1%) in a vanishing cream base. May be safely used on tender skin areas and on infants' skin. Available on prescription at all pharmacies in 2 oz. and 1 lb. jars.

**C.S.C. Pharmaceuticals**

A DIVISION OF COMMERCIAL SOLVENTS CORPORATION  
17 E. 42nd ST NEW YORK 17 N.Y.



Rapidly effective in  
**SCABIES...ALL FORMS OF PEDICULOSIS**

# Announcing 3 Great Improvements in the **CHASE HOSPITAL DOLL**

Throughout the world, training schools will welcome with enthusiasm the three great improvements which chemical research and engineering skill have now developed in the Chase Hospital Doll.

**New Plastic Skin**—made of vinyl resin plastic. Will not crack, peel or chip. Is flexible and more resistant to medical acids and alkaloids than the human skin. An outstanding achievement in artificial skins.

**New Hypo Arm**—has new, 1-piece unit of "Foamex" rubber. Simulates human skin in flex and resistance to needle pressure. Permits repeated practice of all types of hypodermic injection. When unit is saturated, it is easily unsnapped, squeezed dry and snapped back on.

**New Limb Joints**—made with heavier, stronger hinges, and with stronger attachment to each limb segment.

#### Send for Our New Folder

Whether you now need additional dolls or replacements for old equipment, you'll want to know all about these newest Chase models. In every respect, they are the most effective, realistic and durable hospital dolls that have ever been made. Write for illustrated folder, today.

• • •

Chase Hospital Dolls, basic nurses' training equipment in all leading hospitals throughout the country for more than 30 years.

**M. J. CHASE CO.**  
24 Park Place, Pawtucket, R. I.



## NEWS . . .

### Dirksen Bill Includes Voluntary Hospitals in Hospital Center Act

WASHINGTON, D.C.—The House-passed appropriations bill has approved an additional \$500,000 for construction of the hospital center here on the Naval Observatory tract. The Public Buildings Administration of F.W.A. was authorized to enter into contracts for the building of the medical facility in an amount not exceeding \$19,500,000.

In the meantime, Mr. Dirksen's bill, H.R. 5307, introduced February 9, would amend the Hospital Center Act of 1946 so that other Washington hospitals might obtain federal aid also for the renovation, repair and reconstruction of their plants. The amended bill would authorize the making of grants for hospital facilities to private agencies in the District.

The center whose participating hospitals are Emergency, Garfield and Episcopal will cost an estimated \$20,000,000. This will leave \$15,000,000 of the \$35,000,000 authorized by the 1946 act. The institutions which the Dirksen bill would benefit are Casualty, Columbia, Children's Homeopathic and Sibley.

The proposed amendment provides that in no event shall the amount or value of the grant exceed 50 per cent of the value of the hospital plant of a private agency as improved with the aid of such grant.

### Dissects Medical Care Costs

CHICAGO.—The hospital's share of the total cost of medical care has increased from 13 cents in 1929 to 16 cents in 1945, a study by Dr. Frank G. Dickinson, statistician for the American Medical Association, revealed last month. Over the same period, the share of the "medical care dollar" paid to the physician declined from 32 cents in 1929 to 27 cents in 1945, Dr. Dickinson reported, and the dentist's share dropped from 16 cents to 13 cents. Drug costs increased from 20 cents to 23 cents in the period under study, Dr. Dickinson declared in an address to the American Association of University Teachers of Insurance. "One thing cannot be reduced to statistics," he concluded, "—the superior kind of medical care that the American people are now getting in contrast to the 1929 variety."

**DO YOU  
KNOW ?**



Your supplier has a sample package of 1000 Sani-Swabs he'd like to give your hospital ABSOLUTELY FREE.

Frankly, we don't believe you'll ever go back to awkward, wasteful, hand-made applicators once you've tried easy-to-use, inexpensive Sani-Swabs.

New prices on 3" or 6" length are as low as:

\$ .95 per 1000 in lots of 30,000  
\$1.05 per 1000 in lots of 10,000  
\$1.30 Box of 1000

Sani-Swabs are machine made. Packed 1000 to box in individual tissue paper packages of 125.

Sample Package  
**Sani-Swabs FREE**

Write to  
Wayne Bachman  
Dept. 2

**SPLAIN & LLOYD  
INC.  
MILFORD, OHIO**

60 Gm.  
Amino Acids  
per liter

(full daily adult  
requirement)

# Parenamine® 6%

Well tolerated amino acids for replacement of protein lost through burns, injury, surgery, gastro-intestinal disease and inanition.

*Winthrop-Stearns* INC.  
NEW YORK 13, N. Y. WINDSOR, ONT.

PARENAMINE, trademark reg. U. S. & Canada

## NEWS . . .

### Army Inaugurates Training Program in Overseas Hospitals

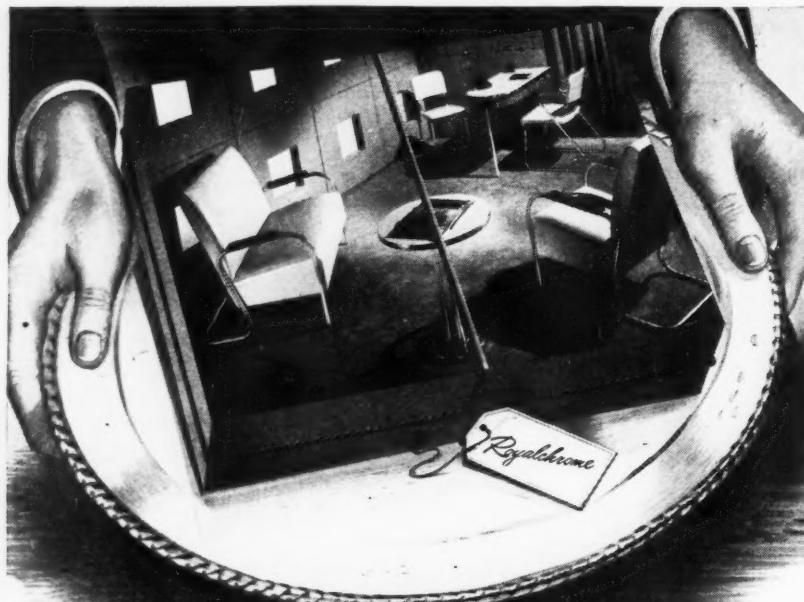
WASHINGTON, D.C.—Inauguration of the new overseas advanced professional training program of the army medical department was marked by the departure for Europe recently of the first pair of civilian Army medical consultants participating in the plan. The two physicians, Dr. George Finney, Johns Hopkins University School of Medicine, Balti-

more, and Dr. Walter Martin of Norfolk, Va., are making a one month tour of army hospitals in the American occupied zone of Germany.

Each month a team of two civilian consultants and one army medical corps officer will be sent to overseas installations. They will first study and report on means of improving care of hospital patients and, second, act as instructors in specialized advanced training of army hospital staff officers. The surgeon general has asked each of his 607 civilian

specialist consultants to volunteer for overseas assignment under this plan, if possible.

The U.S. Army Medical Department announced sometime ago the availability of opportunities for advanced training and experience in the various special fields of medicine and surgery in overseas army hospitals. The locations provide excellent facilities and equipment, a wealth of clinical material and the services of visiting consultants who are outstanding specialists. Opportunities will be afforded also to observe the work of notable scientists and physicians in German and Austrian universities.



### Royalchrome offers you a Complete "Package"



YOUR EVERY REQUIREMENT FOR DISTINCTIVE BUSINESS OR PROFESSIONAL DECOR!

Yes, when you let superbly styled, supremely durable Royalchrome in on your plans, you gain this added convenience-in-planning: A complete "Royalchrome Package" of everything it takes to suit your smartest scheme of things! With the counsel, if you wish, of a decorator-specialist. Write today for your copy of Royalchrome's "Guide to Interior Design." It's a real help.

Time hardly touches long-wearing

*Royalchrome*  
DISTINCTIVE FURNITURE

ROYAL METAL MANUFACTURING COMPANY

175C NORTH MICHIGAN AVENUE • CHICAGO 1  
NEW YORK • LOS ANGELES • PRESTON, ONT.



### V.A. Advice to Vets Seeking Admission to Medical Schools

WASHINGTON, D.C.—Veterans Administration has recently brought out a bulletin with helpful advice to veterans desiring to enter medical schools under the G.I. Bill or Public Law 16. Emphasis is placed on good grades in premedical courses. Specifically, the bulletin recommends:

1. Obtain grades of B plus or better in premedical training.
2. Make particularly high grades in the natural sciences.
3. Enroll in medical schools in the same educational institution in which they completed their premedical work.

These conclusions, compiled by Veterans Administration from previously published studies, were distributed in a bulletin to V.A. vocational advisers and training officers. The V.A. studies stress the fact that quality rather than the extent of college preparation determines eventual performance in medical school.

### Institute at Colorado

CHICAGO.—An institute for hospital administrators will be held at the University of Colorado, Boulder, July 26 to 31, the American College of Administrators has announced. Co-sponsors with the college include the University of Colorado, the Mid-West Hospital Association and the Colorado Hospital Association. The program is described as "basic, including a review of the principles of hospital administration in all its phases." Lectures and field trips to Denver hospitals are on the program. Administrators and assistant administrators of approved hospitals are eligible to attend, the announcement said.



## Sandman's been here

... and it looks as if he's done a pretty thorough job! Much of the credit goes to the luxuriously smooth, white, Pacific Balanced Sheets. They're soft and soothing enough to lull anyone to restful slumber!

You will find, too, that Pacific Balanced Sheets are ideal for hospital use. They're moderately priced and constructed to give extra-long wear ... to retain their body and strength through repeated washings. Made on the unique principle of *balance*, these sheets are always as comfortable as they are serviceable and as serviceable as they are comfortable.

Check with your wholesaler next time you order sheets. Ask for them by name . . . Pacific Balanced Sheets.

BALANCED  
**PACIFIC**  
SHEETS

PACIFIC MILLS, 214 CHURCH STREET, NEW YORK



**Pacific Balanced Sheets**  
are distributed through  
these selected wholesalers:

ARBUTHNOT-STEVENS CO.	Pittsburgh
W. A. BALLINGER & CO.	San Francisco
BARTLETT-COPPINGER-MALOON CO.	Boston
GEORGE P. BOYCE & CO.	New York
CAROLINA ABSORB. COTTON CO.	Charlotte, N. C.
J. H. CHURCHWELL CO.	Jacksonville, Fla.
CLARK LINEN & EQUIPMENT CO.	Chicago
DIETERICH FIELD, INC.	Lincoln
W. S. EMERSON CO.	Bangor, Maine
A. B. FRANK CO.	San Antonio
GREAT WESTERN WHOLESALERS	Dallas, Texas
GULDMAN LINEN CO.	Denver
HIBBEN, HOLLWEG CO.	Indianapolis
THE ISBELL-KENT-OAKES DRY GOODS CO.	Denver
JOHNSTON & LARIMER D. G. CO., INC.	Wichita
JONES, WITTER & CO.	Columbus
McCONNELL-KERR CO.	Detroit
MILLER BROS. CO.	Chattanooga
WALTON N. MOORE D. G. CO., INC.	San Francisco
WILLIAM R. MOORE DRY GOODS CO.	Memphis
MORTON TEXTILES, INC.	Chicago
NEAL & HYDE, INC.	Syracuse
PATRICK DRY GOODS CO.	Salt Lake City
PENN DRY GOODS CO.	Philadelphia
PHYSICIANS & HOSP. SUPPLY CO.	Minneapolis
PINK SUPPLY CO.	Minneapolis
PREMIER TEXTILE CORP.	New York
ARMIN PRICE TEXTILE CO.	St. Louis, Mo.
SOLOMON BROS. CO., INC.	Montgomery
STANDARD TEXTILE CO.	Cincinnati
SWENY & McGLOIN	Buffalo
UNITED COTTON GOODS CO., INC.	Griffin, Ga.
WATTS, RITTER & CO.	Huntington, W. Va.
WILLIAMS-RICHARDSON CO. (LTD.)	New Orleans
WOLF TEXTILE CO.	Dallas, Texas

## NEWS . . .

### Social Security Report Urges Insurance Against Medical Costs

WASHINGTON, D.C.—The annual report of the Social Security Administration submitted to Congress recently recommended, among other things, insurance against costs of medical care. The report held recommendations also that the present programs of social insurance be broadened into a comprehensive system which would include

insurance against wage losses due to sickness and extended disability, as well as those resulting from unemployment, old age and death.

The annual report of the Children's Bureau was included for the first time in that of the Social Security Administration. This report called attention to the fact that of the 3000 counties in the United States, three out of five do not have the services of a full time public health unit; one out of three has no public health nurse; three out of

five rural counties have no regular maternity clinics; two out of three have no well-child conferences.

In recommending expansion of programs for children, the report said that special thought needs to be given to the school-age child and to the hundreds of thousands of children of migratory workers "who are now beyond the reach of practically all health, welfare, education and other community services." Emphasis was placed on the need for trained personnel.

The report of the Social Security Administration, compiled under the direction of Arthur J. Altmeyer, recorded accomplishment in providing a basic minimum of economic security and health and welfare services to millions of persons. The social security programs should be strengthened to meet their objectives more fully for all people in all parts of the country, it claimed.



F. Herbert Wells  
Dean of professional  
fund-raising campaign directors  
and  
Chairman of the Boards  
Wells Organizations

## Professional Fund-Raising

Shortly after the turn of the century a few resourceful men who were active in community and religious affairs, found themselves engaged in and developing a new plan for financing worthy philanthropies, which today is recognized as "professional fund-raising." Most of these men lived to see billions of dollars raised for philanthropic projects by the methods of volunteer cooperation which they developed.

Many more billions of dollars will be raised for churches, hospitals, colleges and other non-profit organizations by adherence to their basic principles and techniques of fund-raising campaign organization.

As the only remaining member of this original pioneer group, F. Herbert Wells is providing the inspiration and counsel behind the professional fund-raising services offered by the Wells Organizations.

Write for our folder, "Standard Practices for Professional Fund-Raising Campaigns." Please indicate whether you are interested in a community or a church campaign.

## WELLS ORGANIZATIONS

Wells Organizations of Texas, Inc.  
Allatt W. Yodon, Pres.  
ELECTRIC BUILDING  
FORT WORTH, TEXAS

Wells Organizations, Inc.  
Lewis G. Wells, Pres.  
WASHINGTON BUILDING  
WASHINGTON, D. C.

Since 1911 the name WELLS has stood for quality Fund-Raising Campaigns

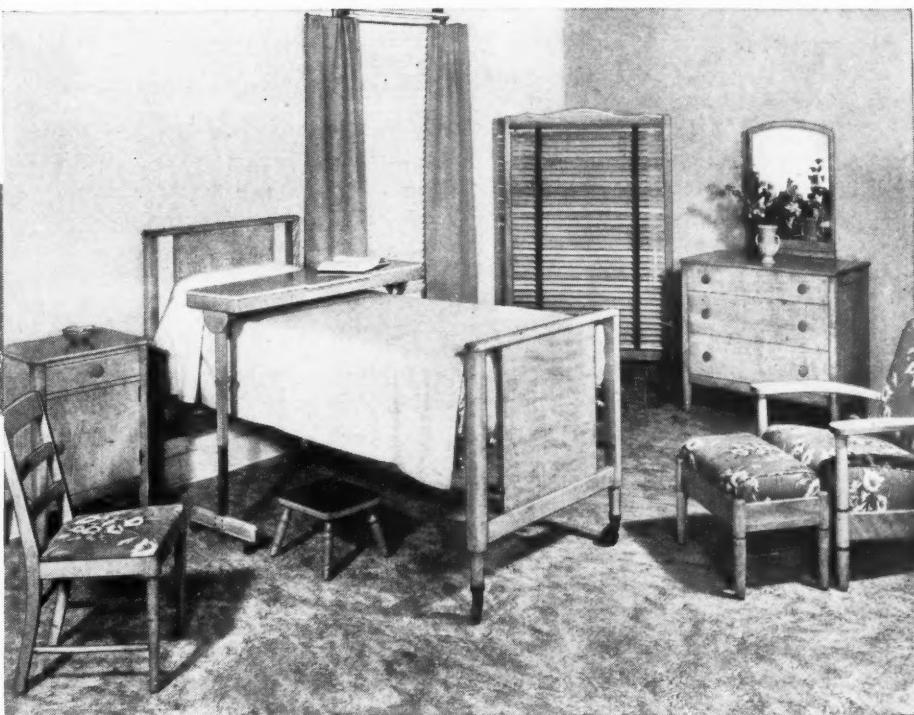
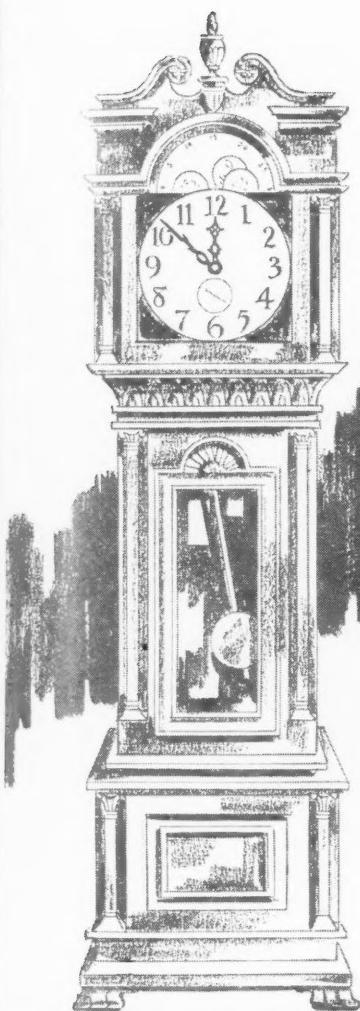
### Iowa Displays Service Chart

IOWA CITY, IOWA.—The State University of Iowa Hospital has recently published its second annual service record chart, displaying in graphic form the services rendered by the hospital. Giant size reproductions of the service record are mounted on heavy cardboard and displayed in the patients' lobby under a spotlight. Smaller reproductions are sent, with news releases, to newspapers throughout the state. In addition, the chart is distributed to various university publications. "We find this technic pays rich dividends in explaining the character and quantity of service given by the hospital," Supt. Gerhard Hartman stated.

### Emergency Unit at Roosevelt

NEW YORK.—An emergency accident building is planned for construction at Roosevelt Hospital in the near future, Gayer G. Dominick, president of the hospital board, announced last month. The building, which will include two stories and a basement, is to be constructed at an estimated cost of \$600,000 and will be located on Fifty-Eighth Street near Ninth Avenue adjacent to the present hospital building. The first floor will be devoted to the accident and emergency services, the second floor will provide ward space for forty-eight patients, and the basement will contain a garage for hospital ambulances and storage space, the announcement said.

# WOOD *unchallenged* for grace and charm!



## CARROM FURNITURE CRAFTSMEN

It is not enough that the material used for institutional furniture possess a mechanical strength of *highest* value in its ability to resist bending or compression. It should also possess that intimate and appealing beauty we sometimes define as grace and charm.

Wood is the one material — and the only material — that meets both these requirements. It is the one material of great strength that lends itself to an ease of manipulation that makes possible basic harmony and graceful lines in the finished furniture product.

## *Build FOR THE DECADES!*

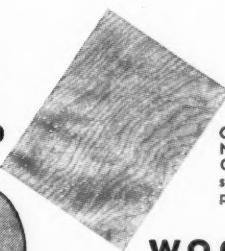
And Carrom-built furniture is especially desirable for still other reasons. Above all, it is made *exclusively* for institutional use. It is built to have the *extra strength* in posts, legs, stretchers and joints that hard institutional use requires. It is made with a view to an institution's budget requirements.

Select for strength, for economy, basic harmony, for grace and charm and you will choose Carrom Fine Wood Furniture, made by craftsmen who "build for the decades".

**CARROM INDUSTRIES INC., LUDINGTON, MICHIGAN**

New York Office: 19 W. 44th St., Ralph Berg • Chicago Office: 1503 N. Sedgwick Ave., James L. Angle

**CAREFULLY  
SEASONED  
HARDWOOD**



Only the most select, close-grained Northern Hardwoods are used in Carrom construction . . . expertly seasoned and kiln dried in our own plant, under the close supervision of "Masters of Wood"!

**WOOD FURNITURE  
FOR HOSPITAL SERVICE**

# CARROM

## NEWS . . .

### Menorah to Expand

KANSAS CITY, Mo.—Menorah Hospital has undertaken a \$2,000,000 fund raising campaign to provide for expansion and modernization of the hospital, according to a leading story in the *Pulse*, hospital publication, last month. "An expanded Menorah Hospital is essential if we are to keep abreast of modern developments in the field of medical science and if we are to continue to give the people of Kansas City the same high type of service they have received

in the past," the *Pulse* announcement said. A new wing for the hospital is planned to include six stories with service and patient facilities. Paul Uhlmann is general chairman of the Greater Menorah Fund, it was announced.

Dr. Senn was the son of Nicholas Senn, a famous surgeon, who was chief of Chicago's Presbyterian staff some years ago. The fund was left by Dr. Emanuel Senn to his wife and will be used to construct the proposed hospital after her death.

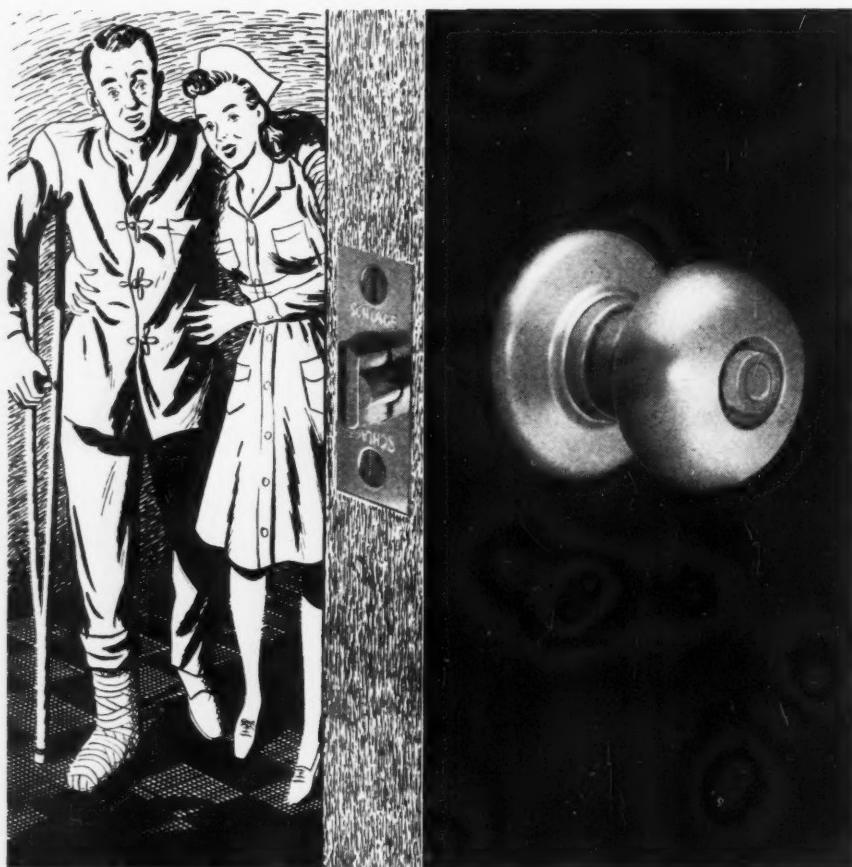
### Leaves \$300,000 for Hospital

MILWAUKEE.—A fund of \$300,000 for construction of a hospital here was established in the will of Dr. Emanuel J. Senn who died in Chicago recently.

### Approves Medical Center

COLUMBUS, OHIO.—Contracts for construction of the proposed new \$7,500,000 medical center at Ohio State University were approved last month by the university's board of trustees. The project, one of the largest ever to be undertaken in the state, provides for the erection of an eleven story, 600 bed teaching hospital and a three story dental school building, to be located north of the present University Hospital.

## Schlage Locks...Fool-Proof



### Convenient . . .

Schlage finger tip locking provides exceptional convenience for hospital personnel. Schlage locks fit the exacting needs of every door from consulting rooms to outside entrances. All Schlage locks are fool-proof and panic-proof. In an emergency, a turn of the inside knob instantly opens the door.

Write for  
illustrated booklet:  
"Locks by Schlage"



**SCHLAGE**  
**LOCK COMPANY**  
SAN FRANCISCO      NEW YORK

"ORIGINATORS OF CYLINDRICAL LOCKS FOR HOSPITALS"

### Names Advisory Council

HARRISBURG, PA.—Gov. James H. Duff of Pennsylvania has named a state advisory council to assist welfare secretary C. R. Barber in the administration of Public Law 725. Members of the council named by the governor include, Harold T. Prentzel, Norristown; Esther J. Tinsley, Pittston; Dr. Howard K. Petry, Harrisburg; Dr. Thomas S. Gates, Philadelphia; Dr. Norris W. Vaux, Harrisburg; H. W. Prentis Jr., Lancaster, and William B. McFall, Pittsburgh.

### Hospital Employees Contribute

UPLAND, CALIF.—A campaign for \$150,000 for additions and improvements at the San Antonio Hospital here was successfully launched early last month, A. A. Aita, administrator of the hospital, reported. A unique feature of the campaign was the immediate contribution of \$20,000 by the medical staff and contributions amounting to one day's salary by "practically every member" of the hospital personnel.

### Bryn Mawr Hospital Expands

PHILADELPHIA.—A campaign for \$2,500,000 to expand the Bryn Mawr Hospital from 325 to 415 beds was announced last month. The plan calls for construction of three new buildings and remodeling and modernization of the present hospital plant. Proposed new building includes a nurses' home, outpatient department and general hospital structure.

Nicholas Senn,  
chief of  
some years  
Emanuel  
e used to  
I after her

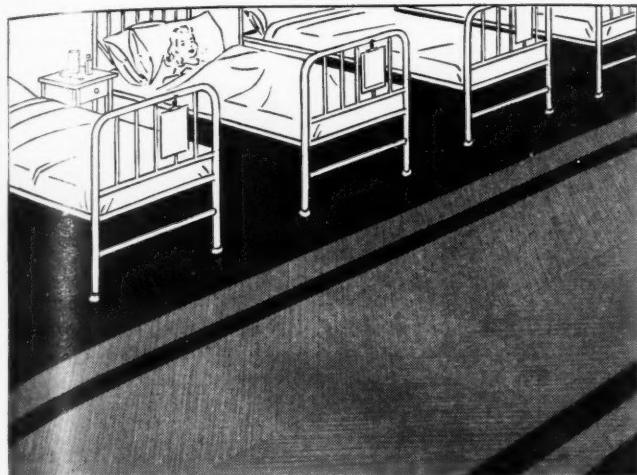
ter  
tracts for  
new \$7,  
Ohio State  
month by  
ees. The  
ver to be  
vides for  
600 bed  
factory den-  
ited north  
tal.

il  
ames H.  
d a state  
re secre-  
nistration  
s of the  
include,  
; Esther  
ward K.  
S. Gates,  
ux, Har-  
ancaster,  
burgh.

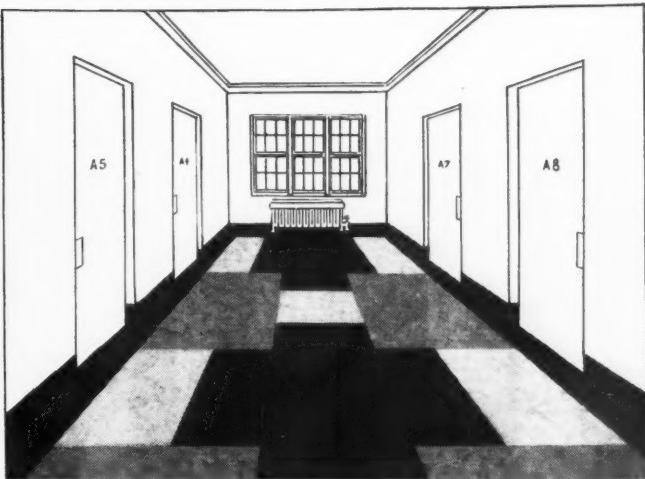
tribute  
sign for  
improve-  
tal here  
ly last  
er of the  
ture of  
te con-  
cal staff  
to one  
y mem-

nds  
gn for  
Mawr  
was an-  
alls for  
gs and  
of the  
ed new  
outpa-  
ospital

SITAL



**FLOOR DESIGNS** using a combination of Armstrong's Linoleum, such as Plain and Jaspé, make a colorful setting for wards. In large wards, the floor can be designed to divide the floor into bed and aisle areas.

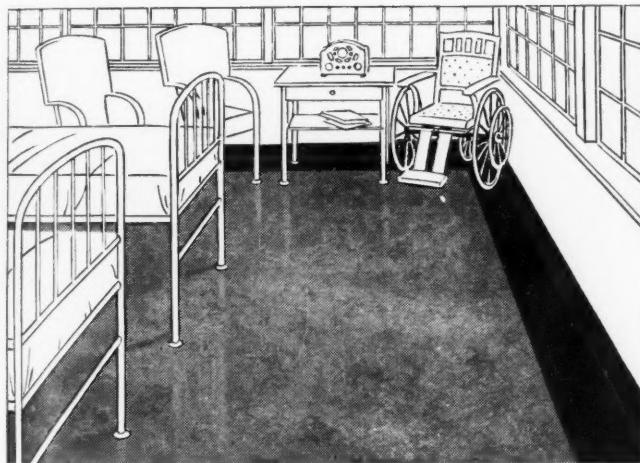


**CORRIDOR FLOORS** of Armstrong's Linoleum can be both functional and decorative. Here, for example, clever use of wide linoleum strips helps break up the corridor length and at the same time improve its appearance.

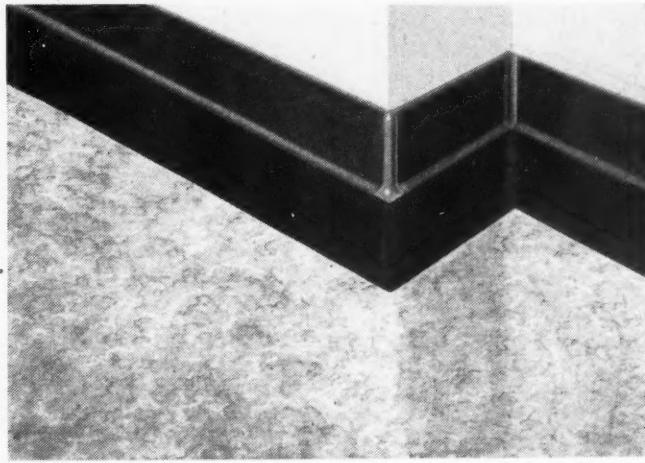
## Ways to create an air of good cheer in your hospital

Today, hospital officials recognize that dull and austere surroundings have a demoralizing effect on patients. That's why more and more hospitals use floors of Armstrong's Linoleum to add an air of warmth and good cheer for their convalescent patients.

Many other practical reasons, too, make this flooring first choice for every section of the hospital. It is resilient, quiet, easy to walk on—more restful to your staff. Its low maintenance requirements reduce cleaning costs. Routine sweeping and an occasional washing and waxing are the only care needed to keep it looking clean and attractive.



A COLORFUL FLOOR of Armstrong's Linoleum adds greatly to the pleasant atmosphere of any solarium. And your own design ideas—no matter whether simple or intricate—can be carried out in a custom-styled linoleum floor.



THERE'S A TWIN ADVANTAGE to Armstrong's Cove Base. It eliminates dirt-catching corners and crevices. And it adds a sleek, smart finish to your floor. Cove Base is formed by coving the linoleum floor up the walls.

**FREE BOOKLET**—"Floor Designs for Better Business." Contains many ideas and illustrations to help you plan attractive floors of Armstrong's Linoleum. Write Armstrong Cork Company, Floor Division, 5705 State Street, Lancaster, Pennsylvania.



## ARMSTRONG'S LINOLEUM



ARMSTRONG'S RESILIENT TILE FLOORS • ARMSTRONG'S LINOWALL

REG. U. S. PAT. OFF.

## D.O.'s May Treat Outpatients—Magnuson

WASHINGTON, D.C.—Osteopathic physicians may now provide outpatient treatment within certain limits to veterans with service-connected disabilities, according to Dr. Paul Magnuson. Public Law 293, 79th Congress, authorizes V.A. to hire doctors of osteopathy to work with veterans.

Dr. Magnuson explained that within the limits of practice of the healing art imposed by their respective state licenses, osteopathic physicians, when their services are requested by veterans, may be designated to provide outpatient treatment on a fee basis for service-connected disabilities. They will provide such treatment under the same rules and regulations as govern such services by doctors of medicine.

## Launch \$600,000 Fund Drive

CHESTER, PA.—A building fund drive for \$600,000 to remodel and enlarge the Chester Hospital was launched last month. The expansion program is the first major construction undertaken for the Chester Hospital in the last twenty-five years.

## ABOUT PEOPLE

(Continued From Page 94.)

April after serving the municipal hospitals of New York for thirty-nine years. Prior to his appointment as general medical superintendent in 1944, Dr. Price had been superintendent of City Hospital on Welfare Island. In 1922 he organized the New York City Cancer Institute with the late Dr. Isaac Levine. Dr. Price's place is being taken by Dr. Marcus D. Kogel.

Andrew P. Richard II has been named director of the Eye, Ear, Nose and Throat Hospital at New Orleans. He succeeds Ernest L. Bliss, who is resigning to accept a post with the medical administrative department of Standard Oil Company. Mr. Richard will assume his duties at the hospital in December.

Dr. L. S. Greenwood, who was county physician and medical director of Winnebago County Hospital, Rockford, Ill., prior to his military service in World War II, has been reappoint-

ed to that post. He succeeds the late Dr. William O'Donnell.

B. C. Marshall has been named superintendent of Paradise Valley Sanitarium and Hospital, National City, Calif. Mr. Marshall was superintendent of Hinsdale Sanitarium and Hospital, Hinsdale, Ill., for the last eight years.

Arnold Walter has been appointed administrator of Perry Memorial Hospital, Princeton, Ill., to fill the vacancy caused by the resignation of Norman D. Roberts.

Rhoeine Glascock, R.N., has taken over the duties of administrator at Bloomsburg Hospital, Bloomsburg, Pa. Miss Glascock was graduated from the University of Michigan in 1930 and received her B.S. in hospital administration from Northwestern University in 1946.

Edward J. Dailey Jr. has been named administrator of Phoenixville Hospital, Phoenixville, Pa., to succeed D. E. Gay. Mr. Dailey served as administrative intern at Somerville Central Hospital, Somerville, Mass., and later as full administrator there, where his father is chief of staff.

# TENSOR\* ELASTIC BANDAGE

IS WOVEN WITH  
*Live Rubber Thread*



THAT'S WHY rubberless bandages can't match it for elasticity. That's why TENSOR stretches two and one-third times its own length! *Live rubber warp threads*, covered with soft cotton yarn, "give" with the movements of bandaged parts, yet provide therapeutic support, for any elastic bandage use.

For compression dressings and a host of other uses, you can depend on TENSOR. Ask your Bauer & Black representative about TENSOR today!

THERE IS NO BETTER ELASTIC BANDAGE THAN TENSOR!

A product of

(BAUER & BLACK)

Division of The Kendall Company, Chicago 16

TENSOR  
Elastic  
BANDAGE

\*Reg. U. S. Pat. Off.



## Our favorite word begins with "Q"

**I**T'S one of the most overworked words in the language. It's used too frequently, too glibly, by too many people. But all the same, it's our favorite word of them all.

For this word is what we insist must go into every item of American-Standard heating equipment, into every American-Standard plumbing fixture that's made in any of our factories, any time, anywhere.

It's what those of you who buy and use American-Standard hospital products have learned to expect from us. And it's what has helped, more than anything else, to make American-Standard "First in Heating and Plumbing."

Guessed it yet? Of course you have. It's **QUALITY**.

It's more than just another way to say "good." It's also another way to say "Leadership."

Your Designing Architect and Engineer or your Heating and Plumbing Contractor will gladly help you choose the American-Standard Heating Equipment and Plumbing Fixtures that best fit your particular requirements. **American Radiator & Standard Sanitary Corporation, P. O. Box 1226, Pittsburgh 30, Pa.**



**LOOK FOR THIS MARK OF MERIT**—It identifies the world's largest line of Heating and Plumbing Products for every use . . . including Boilers, Warm Air Furnaces, Winter Air Conditioners, for all fuels—Water Heaters—Radiators, Convector, Enclosures—Gas and Oil Burners—Heating Accessories—Bathtubs, Water Closets, Lavatories, Kitchen Sinks, Laundry Trays, Brass Trim—and specialized products for Hospitals, Hotels, Schools, Ships and Railroads.

**Agnes Watty**, graduate of the Northwestern University course in hospital administration, has joined the staff of Herrick Memorial Hospital, Berkeley, Calif.

**Ethel Sellars, R.N.**, has succeeded Salome F. Schlipf, R.N., as superintendent of Fairbury Hospital, Fairbury, Ill. Miss Sellars' former post as superintendent of Woodstock Public Hospital, Woodstock, Ill., has been filled by Thelma Miles, R.N.

**Arthur C. Borcher** is the new superintendent of the Chicago Intensive

Treatment Center. During the war Mr. Borcher was a control officer in the fiscal division of the Chicago Ordnance District, War Department. Following the war he was with the U.N.R.R.A. as a director of displaced persons' camps in Europe.

#### Department Heads

**Dr. Marshall K. Bartlett** has been appointed chief of the surgical service at Faulkner Hospital, Jamaica Plain, Boston. Dr. Bartlett is a graduate of Yale University and Harvard Medical School and received his resident train-

ing at Massachusetts General Hospital and the Free Hospital for Women.

**Arthur D. Barnes** has been named administrative engineer of Johns Hopkins Hospital, Baltimore, where he will be in charge of engineering and plant maintenance. Mr. Barnes was graduated from the U.S. Naval Academy at Annapolis in 1924 and, from 1926 until his retirement for physical disability in 1941, spent most of his time in submarine work.

**Waldo William Buss**, assistant business manager of the University of Michigan Hospital, Ann Arbor, has been appointed assistant director. His duties will include the supervision of maintenance, service, equipment, purchasing and departmental budgets. **Herbert P. Wagner**, former business manager of the hospital, is now business manager of the new food service building at the University of Michigan.

**Margaret W. Upp, R.N.**, has been appointed director of nursing and principal of the school of pediatric nursing at Children's Memorial Hospital, Chicago. Miss Upp, who received her bachelor's degree from Western Reserve University in 1927, will assume her new duties June 1.

**Charles L. Hutchins**, formerly assistant personnel director at Michael Reese Hospital, Chicago, is now personnel director of Mercy Hospital in Chicago.

**Ivor H. Jones**, controller of Mountainside Hospital, Montclair, N.J., since 1941, has resigned to accept the position of assistant director of Beth Israel Hospital, Newark, N.J.

#### Trustees

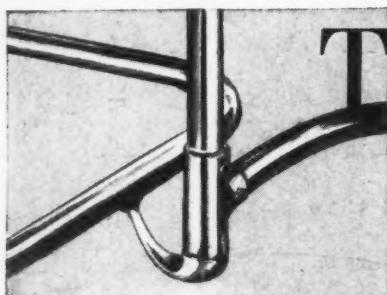
**Alfred L. Rose** has been appointed president of Mount Sinai Hospital, New York City, succeeding **George B. Bernheim**. Mr. Bernheim will serve as president emeritus.

#### Miscellaneous

**Norman S. Goetz** has been appointed chairman of the hospital council of Greater New York's Hospital Planning Committee, succeeding **William Harding Jackson**. Mr. Goetz has served as vice chairman of the group since October 1947.

**Archie E. Millis** has been appointed assistant chief of the Veterans Administration pharmacy division. Mr. Millis was chief of the pharmacy division

## PRIMER FOR HOSPITAL PEOPLE



### THIS is a special fixture

This "support" is the heart of smooth-working Judd Equipment. It holds tracks securely — permits curtains to glide around corners smoothly, easily, without interference.



### THIS is a special roller bearing carrier

The Judd Curtain Carrier is chromium plated brass of special design, with fibre wheels and brass bearings to insure easy and silent operation — without sticking or jamming.



### THIS is a perfected sanforized curtain

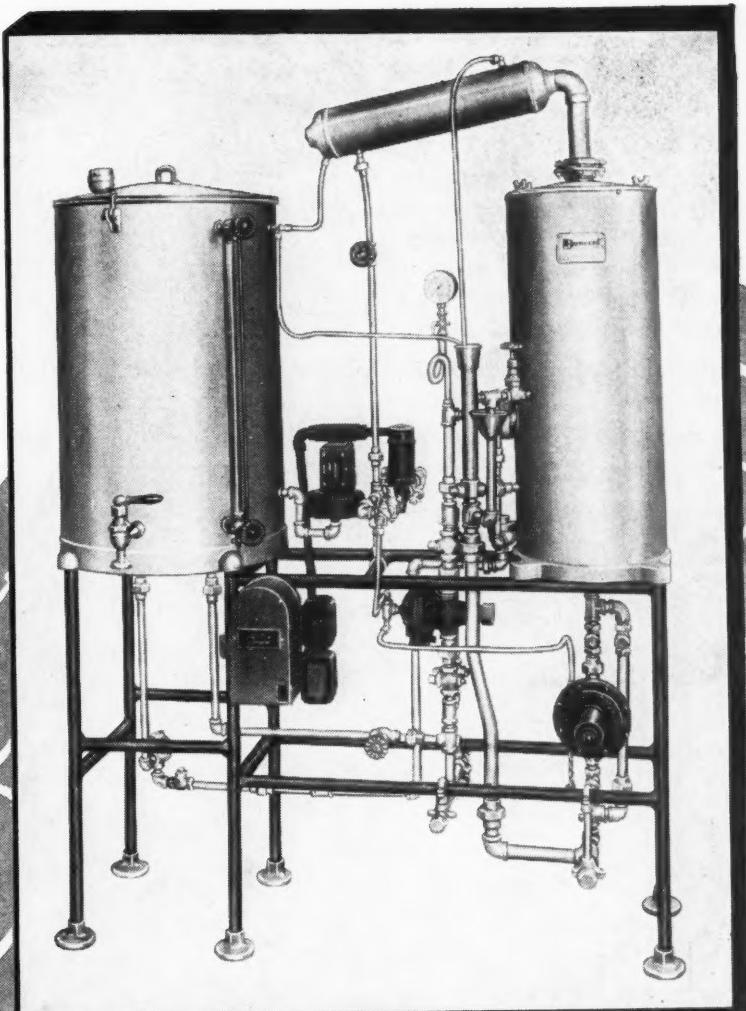
Here's a fabric of closely woven sanforized jean cloth, in white or sun-fast, tub-fast pastel shades. Metal rust-proof grommets are machined into top hem, will not stain or pull out.

## JUDD Cubicle Curtain Equipment

**H. L. JUDD COMPANY** HOSPITAL DIVISION  
87 Chambers Street • New York 7, N. Y.

BRANCHES: 449 E. Jefferson Avenue, Detroit 26 • 3400 North Western Avenue, Chicago 18  
726 E. Washington Boulevard, Los Angeles 21

# BARNSTEAD'S Place in Your Future Plans



## For An Unfailing Supply of Pure Distilled Water

EXPERIENCED hospital architects and administrators do not leave the planning of adequate distilled water supplies to chance or to last minute decisions. Adequate space for operation and cleaning, a convenient location, and the specifying of reliable equipment are essential.

Barnstead's pre-eminence in the hospital field is not a matter of chance either — but a recognition of over two generations of close cooperation with hospital developments.

### Outstanding Barnstead Features are:

- Extremely High Purity of Distillate.
- Unvarying consistency of Product.
- Trouble-Free, Automatic Operation.
- Elimination of Frequent Cleaning.

Send for new Hospital Catalog No. 116 which lists all Hospital Models with full data on sizes, weights, connections needed, etc.

TRADE MARK REG U S PAT OFF  
**Barnstead**  
STILL & STERILIZER CO.

31 LANESVILLE TERRACE, FOREST HILLS, BOSTON 31, MASS.

in V.A. branch office No. 5 in Atlanta, Ga., before moving to the central office in Washington, D.C.

**Dr. Roy A. Wolford** of Washington, D.C., has been appointed assistant medical director for professional service in the Veterans Administration department of medicine and surgery. Dr. Wolford has been a member of the V.A. medical staff since 1924.

**Dr. John R. Heller** of Bethesda, Md., is the newly appointed director of National Cancer Institute, succeed-

ing **Dr. Leonard A. Scheele**, who was made surgeon general of the U.S. Public Health Service. Dr. Heller has been with the Public Health Service since 1931, specializing in venereal disease control in various posts. Succeeding him as chief of the division of venereal diseases is **Dr. Theodore J. Bauer**.

**Dr. Stanhope Bayne-Jones**, president of the joint administrative board of New York Hospital-Cornell Medical Center, has been awarded the insignia

of Honorary Commander of the Military Division of the Most Excellent Order of the British Empire. The presentation was for typhus fever prevention.



**Dr. Charles Gordon Heyd**, past president of the American Medical Association, has been elected chairman of the board of directors and president of United Medical Service, New York City.

#### Deaths

**Dr. Edmund J. Barnes**, who had operated a private sanitarium for the care of mental patients at Ossining, N.Y., for twenty-six years, died March 23 at the age of 71. A psychiatrist, Dr. Barnes received his medical degree from New York University and Bellevue Hospital Medical College in 1909.

**Dr. John E. Fish**, superintendent of Massachusetts Hospital School at Canton, Mass., from 1908 until his retirement in 1946, died March 30. Dr. Fish was graduated from Dartmouth Medical School in 1896.

**Mary L. Keith**, superintendent of Rochester General Hospital, Rochester, N.Y., for twenty-three years before her retirement in 1924, died in Elmwood, Mass., April 4. She was 85 years old.

**Anna Rose**, superintendent of Fayette Memorial Hospital, Connersville, Ind., for ten years prior to her retirement in 1933 because of ill health, died March 5.

**Dr. Rupert Blue**, surgeon general of the United States from 1912 to 1920, died April 12 in Charleston, S.C., at the age of 80. Dr. Blue spent his entire professional career in public health service, entering as an assistant surgeon in 1893 and retiring in 1932. He was president of the American Medical Association in 1915.

**Dr. Haim Yassky**, director of the Hadassah Medical Organization in Palestine, was murdered in an Arab attack on a medical convoy outside Jerusalem on April 13. Dr. Yassky left the United States in January after conferring here with the Medical Reference Board of Hadassah about plans to build the first undergraduate medical school in Palestine.

## SEPTISOL DISPENSER

The CHOICE  
of Leading Hospitals  
for Years because of  
These Outstanding  
FEATURES

- 1 **PRECISION BUILT**—Each part made according to exact specifications. No springs, or complicated parts to get out of order.
- 2 **COMPLETE SOAP PROTECTION**—All metal that comes in contact with soap is stainless steel—pioneered and used by Vestal for over ten years. Soap is dispensed from dust-proof glass containers.
- 3 **SOAP ECONOMY**—Patented control valve accurately controls soap flow from a few drops to full ounce. Prevents costly soap waste. No dripping.
- 4 **CONVENIENCE**—Movable spout puts soap where wanted. A slight foot pressure releases just the right amount.

**VESTAL INC.**

ST. LOUIS • NEW YORK

198

The MODERN HOSPITAL

Vol. 7

the Mili-  
Excellent  
are. The  
ever pre-

Charles  
Heyd,  
ident of  
merican  
Associa-  
has been  
hairman  
oard of  
United  
ty.

had op-  
for the  
ssining,  
l March  
hiatrician,  
l degree  
d Belle-  
in 1909.

dent of  
at Can-  
retire-  
0. Dr.  
rtmouth

ent of  
Roches-  
ars be-  
died in  
was 85

of Fay-  
ersville,  
retire-  
health,

general  
1912 to  
leston,  
spent  
public  
assistant  
1932.  
erican

of the  
on in  
Arab  
outside  
Tessky  
after  
Ref-  
plans  
medi-



## THE LINDE AIR PRODUCTS COMPANY

Unit of Union Carbide and Carbon Corporation

30 East 42nd Street  New York 17, N. Y.

Offices in Other Principal Cities

In Canada: Dominion Oxygen Company, Limited, Toronto



The words "Linde" and "Cascade" are trade marks of Union Carbide and Carbon Corporation or its Units

## THE BOOKSHELF

THE LOS ANGELES COUNTY GENERAL HOUSE MANUAL. *Fifth Edition, 1947.*

A house staff manual is of invaluable assistance to residents, interns, laboratory and x-ray technicians and is considered an essential part of every large, modern, general hospital. The Los Angeles County manual is soundly divided between the various medical and surgical

problems that confront the resident staff. The general information contained in the first twelve pages is well done and will help the young novitiate avoid many of the pitfalls.

Matters of management are clearly defined, and sufficient detail is given to assist the doctor in the proper treatment and management of his case. Tables and helpful differential points

are added where needed and should give considerable clarity to the text. Dietary management is contained in the general description of the treatment of the case. This is effectively and rationally done. There is a small supplementary portion on diet outlines and a small description giving the procedure to be followed in making a necropsy. The numerous laboratory procedures are given in full detail and should be one of the most valuable parts of the book. The formulary, prescription writing, and instructions concerning special medication should be of real assistance to most interns.

The rather comprehensive index makes it easy to find almost any material in the text. On the whole, the book is so well written that it can readily be adopted for use in any general hospital, large or small.—HAROLD C. LUETH, M.D.

SANITATION MANUAL, A GUIDE FOR MANAGEMENT. New York State Restaurant Association Inc., 1948. \$2.72 Pp. Paper Cover.

After careful study of the subject material presented in this booklet, I feel that it is highly applicable to the hospital field. Coverage of each subject is so thorough that this booklet should be a part of the professional library of the dietitian, housekeeper and engineer in every hospital.

From this booklet, the dietitian can refresh her memory on problems pertaining to dishwashing, food storage, food poisoning, garbage disposal, and pest control, without having to refer to large textbooks. These are serious problems in the hospital and need constant vigilance on the part of the dietitian.

Housekeeping problems are also quite thoroughly covered, and there are many good ideas the hospital housekeeper could adopt for her own department.

The engineer would benefit from the information pertaining to refrigeration, ventilation, plumbing construction, and maintenance, as well as to sterilization and refuse disposal. Even the best hospital engineer should not hesitate to accept the valuable information given in this booklet as it can be adapted to his service. It would also help him more thoroughly to understand the problems of the dietary department, so that he can do a better job of maintenance.

There is always room for improvement in our ways of doing things, and reminders should be welcomed with an open mind, even though they may come from a source outside the hospital field.—LEE MAMER.

**SPARKLING CLEAN  
and Beautiful!**

plan on  
**Marlite**  
walls

Hospital interiors MUST be sanitary—and SHOULD be attractive as well. For practical sanitation and gleaming beauty, plan on Marlite plastic-finished wall and ceiling panels. Marlite's sealed surface resists dirt, grime, moisture and most acids, is easy to keep sparkling clean and sanitary. And Marlite's lustrous beauty is sealed in, makes every room always inviting and attractive. For walls, ceilings and counters, in wards, operating rooms, kitchens, dispensaries, laboratories, dark rooms, lavatories, offices, lobbies and corridors, you can create efficient, attractive interiors with Marlite. Complete information in the HOSPITAL PURCHASING FILE. Marsh Wall Products, Inc., 548 Main Street, Dover, Ohio.



### PUT THESE OTHER MARSH PRODUCTS TO WORK FOR YOU:

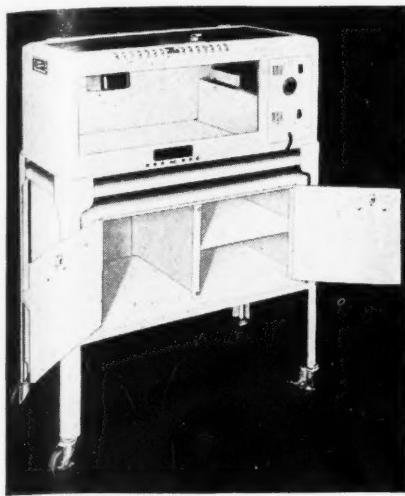
MARSH MOULDINGS • MARSH BATHROOM AND WASHROOM ACCESSORIES • MARSH ADHESIVES MARLITE POLISH • MARSH CAULKING

for Creating  
Beautiful Interiors

# What's New for Hospitals

MAY 1948 SUPPLEMENT TO THE MODERN HOSPITAL

## Accessory Cabinet for Armstrong Incubator



A sturdy, electrically spot welded steel accessory cabinet, designed with clean lines and finished inside and outside with two coats of baked on white enamel, is now available for use with the Armstrong X-4 Baby Incubator. Containing two storage sections, one divided in the middle by a shelf, the cabinet has horizontal handles near the top of the doors and the doors swing full open for easy access. They close quietly against rubber bumpers. Friction catches hold them tightly closed without locking.

Hospitals desiring a cabinet for use with the Armstrong incubator will find this one easily attached to the incubator stand. It is designed to fit on the lower shelf and can be attached by simply drilling four holes in the shelf and attaching with bolts and nuts which come with each cabinet. The Gordon Armstrong Company, Inc., Dept. MH, 1501 Euclid Ave., Cleveland 15, Ohio. (Key No. 4081)

## Glass Fabric Sheeting

A protective sheeting for hospital beds, and for all other uses where an impermeable fabric is advantageous, has been developed of woven glass fibers. Known as Perma-Tector, the sheeting is soft and pliable and is claimed to be abrasion-proof so that the glass fibers do not break down. It can be autoclaved without damage, is non-shrinking and non-stretching with high tensile strength, is snag resistant, difficult to rip and permanently waterproof. All stains can be

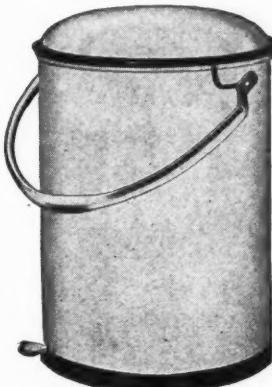
removed by washing or scrubbing which do not affect the quality of the sheeting. It is unaffected by normal acids, weak alkalies, alcohol, steam and many other liquids and has a long life. Its glass construction makes it rotproof, verminproof and mildew-proof. An especial advantage claimed is that it is cool when used under the patient for mattress protection.

Because Perma-Tector is non-allergenic, it can be used effectively for pillow covers for allergic patients. In addition, the product can be used for mattress protectors, for operating and delivery table covers since it can be autoclaved, for surgical and laboratory aprons and wherever an impermeable, tough protection is required. The Stanley Mfg. Co., Dept. MH, 747 Santa Fe Drive, Denver 7, Colo. (Key No. 4082)

## Improved Waste Receiver

The new HV-12 Sanette has two new features of particular importance for hospital use. The single outside carrying handle which serves to carry the entire container, also serves for removing the inner waste-containing pail. Thus the hands never touch the inner pail when it is being removed for emptying, lessening the possibility of infection when the pail carries infectious waste.

The second improvement is in the hot dipped galvanized inner pail itself which



is guaranteed to be water tight and to stand up under long hard usage. The HV-12 Sanette also has the rubber edged cover, closed mechanism and four floor-protecting rubber feet which are standard with all models of the Sanette. Master Metal Products, Inc., Dept. MH, 291 Chicago St., Buffalo 4, N.Y. (Key No. 4083)

## Vacuum for Wet or Dry Pickup



The new high performance vacuum developed by Multi-Clean Products is especially well adapted to hospital use. The motor is the ball-bearing brushless type, self lubricated and completely sealed against dust, dirt and liquids. Specially insulated control switches and cables make it safe for the operator to use the machine for either wet or dry pickup. The motor is kept cool and clean, even when run steadily for long periods of time.

Attachments for the Multi-Clean Vacuum include brushes for walls, upholstery, venetian blinds and radiators, blowers for uses such as spraying liquid disinfectants and paints, and squeegee attachments for picking up suds, water or cleaning solutions. The attachments are instantly interchangeable. Since the filters are of a special bronze wool and the pickup tank is all metal the machine can be effectively sterilized after use in contagious wards. Multi-Clean Products, Inc., Dept. MH, 2277 Ford Parkway, St. Paul 1, Minn. (Key No. 4084)

## Hot-R-Cold Paks

Plastic Paks made of clear, tough, pliable Vinylite have been developed for use in treatments requiring hot and cold applications. Filled with a green tinted solution that retains heat or cold for long periods, the Paks are placed in a freezer or cold compartment for cold applications or for a few minutes in hot water for heat treatments. The Paks come in segmented units and can be cut into smaller units when desired. American Hospital Supply Corp., Dept. MH, Evanston, Ill. (Key No. 4085)

### Portable Hospital Radio

The new hospital model portable radio recently announced by Columbian Products has a Telex under-pillow speaker attachment for use when the loud speaker would disturb other patients. The Telex speaker is de-



signed for normal sound reproduction when placed under a pillow.

The radio is attractive in appearance and is designed for clear reception and fine tone quality. A colorful plastic handle makes it readily portable and the finish is waterproof, available in a choice of colors, and is designed for immersion into 70 per cent alcohol solution for disinfection. The radio is shockproof and it is claimed that it will not be damaged if accidentally dropped. It is offered without cost to the hospital itself, on a revenue-producing basis. Columbian Products Co., Dept. MH, 321 W. Division St., Chicago 10. (Key No. 4086)

### Fremont Rubber Tile

Floors by Fremont is the name given to a new line of rubber tile which is available in a wide variety of colors in plain solids or marbleized. Both the solid and the marbleized colors are impregnated throughout the tile for permanence of appearance and the tile is designed for long wear even under heavy traffic. It is so constructed as to withstand denting, scuffing, acids and oil and to be fire, grease and stain resistant and waterproof.

Fremont rubber tile is easily maintained. Sweeping or light mopping keeps it clean and occasional waxing keeps it lustrous. It has no pores to hold dirt and grit, hence normal maintenance keeps it attractive in appearance without refinishing. The new tile is soft and resilient, thus lessening fatigue in employees spending much of their time on their feet. It is so designed as not to loosen or buckle on the floor and its pliability under various degrees of temperature permits fast laying.

The tiles are 1/8 or 3/16 inch thick and are uniformly cut in 4 1/2, 6, 9 and 12 inch squares with feature strip 1/2 to 1 1/2 inches wide and sheet border stock 36 by 45 inches.

Fremont Rubber Co., Dept. MH, 105 McPherson Highway, Fremont, Ohio. (Key No. 4087)

### Surgical Cotton Felt

Curity Surgical Cotton Felt has been designed as a primary dressing material, for use without a gauze covering, which does not fray, ravel or lint in ordinary handling. It has high absorbency and enough tensile strength to hold together wet or dry.

The product is a pure white web of pure absorbent cotton, free from starch, sizing or other binders. A special manufacturing process gives it adequate tensile strength so that it can be cut, shaped and handled like a woven fabric. It has a high degree of permeability to both air and fluids with high capillarity and ability to retain drainage. It conforms well to uneven body surfaces and has proved well adapted to use in brain and neural surgery as well as in other applications where its unusual qualities would prove advantageous. Bauer & Black, Dept. MH, 2500 S. Dearborn St., Chicago 16. (Key No. 4088)

### One Service Salt and Pepper Shakers

Unit-Service Shaker Packets for salt and pepper have been designed for one time use as a safeguard against possible cross-infection and to save time and energy in cleaning and filling permanent type shakers. Made of paper, the shakers are available with blue printing containing salt and with red printing containing pepper, and are packed 1000 units to the box. They are sanitary, low in cost and negligible in weight on the patient's tray. The packets are thrown away at



the end of the meal and cannot tip or fall off when trays are transported. They would be especially effective in isolation technic and for patients with infectious diseases. Chelsea Carton Co., Dept. MH, Chelsea 50, Mass. (Key No. 4089)

### Head-Type Oxygen Tent

The Ohio Oxylator is a new transparent head-type tent for oxygen therapy which is mounted on a box-like frame which may be strapped to the head of the bed. The transparent plastic open-top hood fits around the adult patient's



neck or around an infant's waist. A small container for ice hangs inside the frame at the rear and a regulator and flowmeter with rubber tubing, to connect from the oxygen cylinder to the hood, are part of the unit as is also an oxygen analyzer. Accessories include a hood cover and a soda lime basket. The Ohio Chemical & Mfg. Co., Dept. MH, Madison 4, Wis. (Key No. 4090)

### Bus for Cancer Detection

A mobile cancer detection unit has been developed by General Electric X-Ray Corporation. The first x-ray equipped bus designed especially for cancer detection was developed to permit hospital cancer clinics to carry their facilities into outlying areas in the State of Kentucky where this first unit is in operation. The bus is sturdily constructed for travel over all types of roads and is equipped with fluorescent lighting, ventilating fan, shockproof cables, vibration dampers for the x-ray tubes, lead-lined partitions to protect personnel, work benches and water storage tanks.

The x-ray equipment in the bus is designed for both radiography and fluoroscopy and there is a special laboratory table for performing biopsies, a darkroom for developing x-ray film and a dressing booth. Officially known as the "Cancer Mobile," the bus is not designed for mass survey work but rather to bring detection facilities to those unable to go to the clinics or hospitals of the state. The unit operates under the supervision of local medical societies or practitioners and is available for the use of rural doctors who do not have x-ray facilities available. It is designed to reduce the death rate from cancer by providing the means of early detection, especially for those who, because of distance and cost, might neglect to investigate possible symptoms. General Electric X-Ray Corp., Dept. MH, 4855 W. McGeoch Ave., Milwaukee 14, Wis. (Key No. 4091)

### Disinfectant, Deodorant

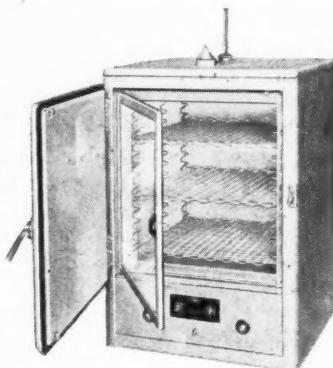
Timsen is a quaternary concentrate in granular form which works on a new principle as a disinfectant, deodorant, germicide and cationic wetting-agent. It is quickly soluble in water at any temperature, has no odor, is soothing to the hands, non-toxic and will not harm anything not harmed by water. It is described as having an unusually high germ-killing power, able to destroy all odors without leaving an odor of its own, efficient for the cold disinfection of hypodermic needles and syringes, yet sufficiently economical for use in cleaning where disinfection and deodorization are desired.

The product is packed in individual cellophane packets in a continuous roll. Each individual packet, which can be easily detached and opened, makes up to two and one-half gallons of effective solution. Theo. Ross Associates, Dept. MH, 837 W. Olympic Blvd., Los Angeles 15, Calif. (Key No. 4092)

### "Precision" Isotropic Incubator

The new "Precision" Isotropic Incubator has been developed for laboratories to provide rigid and exacting temperature control for all specimens, no matter what the location within the unit. An accurate three positioned thermostatic temperature control unit, combined with forced air circulation on all six sides, effects the desired control. An auxiliary heater and thermostat bring the incubator back to operating temperature after the door has been opened, and a built-in cooling coil, with automatic water level controller, permits operation of the incubator below room temperature.

The incubator has been designed for easy servicing since the mechan-



ism and controls are built into a separate drawer unit which is pulled out for servicing by simply releasing two bolts. The unit is made of aluminum and steel. Precision Scientific Co., Dept. MH, 3737 W. Cortland St., Chicago 47. (Key No. 4093)

### Pharmaceuticals

#### Petrolatum Gauze Dressings

Baybank's new petrolatum gauze dressings in individual sterile packages, developed for the Armed Forces, are now available for civilian use. This bland, non-adherent, non-toxic, non-irritant sterile dressing of Type I absorbent gauze U. S. P., uniformly saturated with Vaseline white petroleum jelly U. S. P., is designed for first-aid treatment in burns, for definitive use in thermal burns, as a surgical dressing, as a sterile packing material for deep wounds and as a protective covering.

The dressing is a fine-meshed gauze strip, 3 by 36 inches when drawn out to full length, accordion-folded within a heat-sealed, moisture-proof aluminum-foil envelope. The dressing is sterile as long as the envelope remains intact as it is processed and packed under aseptic technics. Baybank Pharmaceuticals, Inc., Dept. MH, 17 State St., New York 4. (Key No. 4094)

#### Name Change

Elamine Lyophilized is the new name selected for the preparation previously known as Amino Acids—I.C. Lyophilized, a stable amino-acid preparation specifically designed for intravenous infusion. No change has been made in the product itself which now has acceptance of the Council on Pharmacy and Chemistry of the American Medical Association. The change in name was effected in deference to Council rules. Interchemical Corporation, Biochemical Div., Dept. MH, Union, N.J. (Key No. 4095)

#### Vodisan

Vodisan, developed for treatment of athlete's foot and other superficial fungus infections, is a soft, easily spread, non-fatty, water miscible topical application. In a thermo-stable ointment base of high solvent power and water miscibility known as Solubase, the active ingredient is dihydroxy dichloro diphenylmethane. It is supplied in 4 and 8 ounce jars. Vodine Company, Dept. MH, 407 S. Dearborn St., Chicago 5. (Key No. 4096)

#### The Stuart Hematinic

Containing ferrous gluconate, 3 gr. in each tablet, copper, vitamin C and the entire B complex, the new Stuart Hematinic offers an agreeable and effective source of iron and vitamin therapy. The Stuart Co., Dept. MH, 234 E. Colorado St., Pasadena 1, Calif. (Key No. 4097)

### Product Literature

• A complete setup of hospital thermostatic and hydrotherapy requirements is offered in a series of booklets and specification sheets compiled by The Powers Regulator Company, 2720 Greenview Ave., Chicago 14. Hospital booklet 300-H, "Automatic Temperature and Humidity Control for Hospitals," has been especially prepared for hospitals. In addition, specification sheets, price sheet and a complete set of hospital roughing-in prints are available. Because Veterans Administration hospital requirements differ in a slight degree, a separate set of Veterans Administration specification sheets, price sheet and roughing-in prints has been prepared. (Key No. 4098)

• The Cling Peach Advisory Board, 260 California St., San Francisco 11, Calif., is offering a new recipe book which is, as they describe it, a "practical workbook written by a baker for bakers." Entitled "'Boston' Strause Baked Goods Recipes with Canned Cling Peaches from California," the booklet contains recipes for pie, cake, cookies, coffee cake and tarts. (Key No. 4099)

• Hospital administrators and nursing supervisors, as well as physicians and surgeons, will be interested in the booklet issued by Owens-Corning Fiberglas Corp., Toledo 1, Ohio, on "Pioneering Uses of Fiberglas Materials in Medicine." Information on Fiberglas, illustrations and descriptions of its medical uses, and samples of the material are included in the booklet. (Key No. 4100)

• A comprehensive, spiral bound book has been issued by Wilmot Castle Co., 1171 University Ave., Rochester 7, N.Y., entitled "Architects Guide Book to Hospital Sterilizers, Their Selection and Arrangement." Distribution of the booklet is limited to architects and engineers who will find a great deal of helpful information in it. Drawings based on plans prepared by the U.S. Health Service, Washington, D.C., attempt to carry out faithfully the intentions in the basic plans. (Key No. 4101)

• "Vitamin Content of Commercially Canned Foods" is the title of the most recent "Canned Food Table" issued by the Home Economics Division, National Canners Association, 1739 H St. N. W., Washington 6, D. C. The information is arranged in chart form and is taken from data based on research work of the National Canners Association and the Can Manufacturers' Institute. (Key No. 4102)

• Because crime costs American business about one billion dollars annually, according to the Continental Casualty Co., 310 S. Michigan Ave., Chicago 4, this company has prepared a booklet entitled "Crime Loss Prevention" to indicate the most efficient methods for safeguarding against both inside and outside crime hazards. All of the common kinds of crime losses and the best loss prevention methods have been compiled in a concise, clearly written booklet of 28 pages. It is offered without obligation to help reduce crime losses. (Key No. 4103)

• "Some Things You Ought to Know About Modern Margarine for America's Daily Bread" is the title of a 16 page booklet issued by the National Association of Margarine Manufacturers, Munsey Bldg., Washington 4, D.C. Details of the present tax problem make interesting reading. (Key No. 4104)

### Book Announcements

Lea & Febiger, Washington Square, Philadelphia 6, Pa. Frohman, Bertrand S., M.D. and Frohman, Evelyn P., "Brief Psychotherapy," 265 pp., \$4. (Key No. 4105)

The Macmillan Company, 60 Fifth Ave., New York 11. Anderson, Gaylord, M.D., A.B., Dr.P.H. and Arnsdorf, Margaret G., R.N., M.A., M.P.H., "Communicable Disease Control," 2nd Ed., 463 pp., \$5. Young, James, D.S.O., F.R.C.S.E., F.R.C.O.G., "A Textbook of Gynaecology," 7th Ed., 472 pp., \$7.50. (Key No. 4106)

G. P. Putnam's Sons, 2 W. 45th St., New York 19. Young, Helen, R.N. and Lee, Eleanor, A.B., R.N., "Essentials of Nursing," 2nd Ed., \$3.75. (Key No. 4107)

W. B. Saunders Company, W. Washington Square, Philadelphia 5, Pa. Biddle, W. Earl, M.D., and van Sickel, Mildred, B.S., R.N., "Introduction to Psychiatry," 2nd Ed., 344 pp., \$2.75 . . . Cady, Louise L., R.N., B.S., "Nursing in Tuberculosis," 481 pp., \$3.75 . . . Goodnow, Minnie, R.N., "Nursing History," 8th Ed., 404 pp., \$3.50. (Key No. 4108)

**TO HELP YOU** get information quickly on new products we have provided this convenient Readers' Service Form. Check the numbers of interest to you and mail the coupon to the address given below. If you wish other product information just list the items and we shall make every effort to supply it.

Bessie Covert,  
Editor, "What's New for Hospitals"

- |   |   |
|---|---|
| <input type="checkbox"/> 4081 Accessory Cabinet for Armstrong Incubator | <input type="checkbox"/> 4095 Elamine Lyophilized                             |
| <input type="checkbox"/> 4082 "Perma-Tector" Glass Fabric Sheeting      | <input type="checkbox"/> 4096 Vodisan   |
| <input type="checkbox"/> 4083 Improved Waste Receiver                   | <input type="checkbox"/> 4097 Stuart Hematinic                                |
| <input type="checkbox"/> 4084 Vacuum for Wet or Dry Pickup              | <input type="checkbox"/> 4098 "Automatic Temperature and Humidity Control"    |
| <input type="checkbox"/> 4085 Hot-R-Cold Paks                           | <input type="checkbox"/> 4099 Cling Peach Recipe Book                         |
| <input type="checkbox"/> 4086 Portable Hospital Radio                   | <input type="checkbox"/> 4100 "Pioneering Uses of Fiberglas"                  |
| <input type="checkbox"/> 4087 Fremont Rubber Tile                       | <input type="checkbox"/> 4101 "Architects Guide Book to Hospital Sterilizers" |
| <input type="checkbox"/> 4088 Curity Surgical Cotton Felt               | <input type="checkbox"/> 4102 "Vitamin Content of Canned Foods"               |
| <input type="checkbox"/> 4089 One Service Salt and Pepper Shakers       | <input type="checkbox"/> 4103 "Crime Loss Prevention"                         |
| <input type="checkbox"/> 4090 Head-Type Oxygen Tent                     | <input type="checkbox"/> 4104 "Modern Margarine"                              |
| <input type="checkbox"/> 4091 Bus for Cancer Detection                  | <input type="checkbox"/> 4105 Books   |
| <input type="checkbox"/> 4092 Timsen, Disinfectant and Deodorant        | <input type="checkbox"/> 4106 Books   |
| <input type="checkbox"/> 4093 "Precision" Isotropic Incubator           | <input type="checkbox"/> 4107 Books   |
| <input type="checkbox"/> 4094 Petrolatum Gauze Dressing                 | <input type="checkbox"/> 4108 Books   |
|   | <input type="checkbox"/> 4109 Books   |

I should also like to have information on the following products

NAME

TITLE

HOSPITAL

STREET

CITY

STATE

MAIL TO Readers' Service Dept., The Modern Hospital Publishing Co., Inc.

919 N. Michigan Ave., Chicago 11, Ill.

The University of Chicago Press, 5750 Ellis Ave., Chicago 37. D'Amour, Fred E. and Blood, Frank R., "Manual for Laboratory Work in Mammalian Physiology," 50 experiments, \$2.75. (Key No. 4109)

### Suppliers' Plant News

• D. Appleton-Century Company, Inc., 35 W. 32nd St., New York 1, publisher, announces the merger with F. S. Crofts & Co., Inc., to form the new firm of Appleton-Century-Crofts, Inc. The new company eventually will be housed in one building. (Key No. 4110)

• Lily-Tulip Cup Corporation, 122 E. 42nd St., New York 17, announces the opening of its new southern factory in Augusta, Ga. The new, modern plant is designed to supply the demands of wholesalers and users of paper containers in the South and Southeast. (Key No. 4111)

• The National Drug Company, 4663 Stenton Ave., Philadelphia 44, Pa., manufacturer of pharmaceutical, biological and biochemical products, announces the opening of a West Coast branch office at 737 Terminal St., Los Angeles 21, Calif. The full line of "National" products will be carried. (Key No. 4112)

• Reid Murdoch & Co., 325 N. La Salle St., Chicago 10, Monarch Finer Foods division of Consolidated Grocers Corp., announces the opening of a Twin Cities branch at 500 N. Third St., Minneapolis, Minn. (Key No. 4113)